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MUCH is being written and said of the crass materialism of the age and of the tendency of both doctors and nurses to allow their scientific interests to blind them to the larger values of life. The situation is not hopeless nor wholly one-sided when a physician expresses such deep feeling as is contained in the following paragraphs. The JOURNAL values the privilege of presenting the message to its readers believing that it will serve to rouse many a nurse to a vivid awareness of her own "akinness."

"Humanus: akin to man—where is there closer application of this spirit than to the nurse? She is akin to man when he most needs consolation. She is with him when it seems that even God has deserted him. Only too often the nurse forgets or overlooks the privilege of practicing the spirit of Christ. Often she feels that it is necessary to steel herself to only the recognition of the bare physical facts of her patient's ailment. Often the scientific precision of the treatment of the ailment hardens her to the temperamental personal treatment of the patient. Dr. Burnet, in his article, Humanized Social Service in Venereal Disease Control, emphasizes the fact that it is especially in venereal disease control work that the spirit of 'akinness' to man should prevail. Nothing will lift a patient from the depths of physical and mental despair as will someone's deep human sympathy and strength that will not only emanate new hope in the patient, but a desire for action, which is the essence of life."

COWBIRDS

MANY nurses were reared in the country and are familiar with the parasitic habits of the cowbird. To our urban sisters, who missed the joys of birdnesting, let us explain that this care-free and irresponsible bird does not build a nest, but deposits its eggs in the nests of other birds, usually of those which are smaller and more energetic, and goes on its way rejoicing, leaving the unwilling but ambitious foster parents to hatch and rear its young.

We all know human cowbirds,—social parasites who shirk their

responsibilities, but who are very sure the world owes them a living and who insistently and persistently demand their share of privilege.

Those who toil for the advancement of nursing sometimes feel that our profession has its full share of cowbirds. How do you feel about it? Do you know nurses who, on graduating, accept the dignity of state recognition through registration, more or less negligently join their alumnae associations, and then, like the cowbird, leave all further professional development to more active members of the associations? These nurses are quite commonly among the number who demand special consideration from registrars and organizations and are among those who complain that nurses do not receive enough consideration. Again the analogy holds good, for the cowbird fledgling is so unpleasantly insistent in his demand for food that he receives first attention.

Is it quite fair to let the energetic nurses carry the whole burden of professional advancement, of improvement in educational methods, of the onerous duties in the organization of our various types of nursing service, in our associations? Once a cowbird always a cowbird, but the thoughtless or inert nurse need not remain in so undesirable a class. *Every nurse can help to improve the standing of nursing and the quality of the service rendered in her community.* There has never been a time in our professional development when all the forces of individual nurses were so needed if we are to maintain an honored place. There is no place in our ranks for cowbirds.

CREDIT WHERE CREDIT IS DUE

MORE and more hospitals are making suitable provision for special nurses. Lockers are almost universally provided. Well equipped dressing rooms, though not yet universal, are increasing in number. Most striking change of all, perhaps, is the provision of sitting rooms in private patient departments where "specials" may relax during the times when they are excused from their patients' rooms by the presence of family or friends. Any nurse who recalls the embarrassment (or joy?) of having to haunt the corridors during such periods will rejoice that times are changing.

Hospitals making such provision expect a high type of nursing from special nurses and some of them attempt to secure it by reporting to the registrars, upon the termination of cases, the quality of service rendered. This would seem a sound and reasonable way of giving credit where credit is due, for no nurse deserves greater credit than she who gives skilled and sympathetic care to the acutely ill.

It is rather amazing to find that in some sections private duty nurses object to such reports because they are afraid of being black-

listed. We believe their psychology is wrong. Why not strive for a place on a white list? Very many specials already belong there, many others would be placed there if they would face the facts revealed by such reports. Who that has employed specials has not known a feeling of relief and satisfaction when the name of a dependable nurse came over the telephone as available for duty? Such nurses are entitled to know that they inspire confidence. Careful reports to registrars would certainly help to give credit where credit is due for service of an inspiring type.

Why not focus attention on a white list? Nurses and the world at large could then forget that there had ever been a black list.

THE LIST OF ACCREDITED SCHOOLS

THOSE of us who have come to depend on this list as one of "the tools of our trade" have been eagerly awaiting a new edition. This is now ready and is the most comprehensive compilation of statistics pertaining to our schools we have yet had, as it includes data on the number of schools for nurses established during ten-year periods, from 1865 to 1920, with the total number of nurses graduated. Several new pages, giving a brief synopsis of the State laws, have been added.

The Accredited List is one of those things we have learned to accept without so much as a "Thank you," quite forgetting that the early editions were possible only because a faithful and far-seeing worker, Mary C. Wheeler, gratuitously gave long night hours to procuring and compiling the material.

Workers at National Headquarters, who have this year been responsible for the task, are eloquent in their appreciation of Miss Wheeler's pioneer work on the List. They have reason to know how difficult it is to extract detailed and accurate information from busy people. The List is only one example of the tasks once carried by overworked volunteers, that are constantly being turned over to the headquarters staff.

INTERNATIONAL COUNCIL OF NURSES

The Grand Council of the International Council of Nurses met at Copenhagen, Denmark, from May 22 through 24. Delegates from ten countries were present. Baroness Mannerheim, President of the Nurses' Association of Finland, was elected to succeed Mrs. Henry Tscherning, of Denmark, as President. Miss Dock's resignation as honorary secretary is deeply regretted. She is succeeded by Christine Neimann, Denmark. An illuminated address of thanks for her services will be presented to Miss Dock by the members of the Council. The necessity of an International Standard in nursing education was discussed and endorsed. The next meeting of the International Council will be held in Helsinki in 1925.

Christine

THE BASIS OF PROFESSIONAL ETHICS FOR NURSES¹

BY WILLIAM H. KILPATRICK, PH.D.

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IT was with much hesitation that I accepted the invitation of your committee to discuss this topic, so acutely did I feel my ignorance of your special field. But when I came to read the very excellent answers to your questionnaire placed at my disposal for study I felt more at ease. For while I was confirmed in my feeling of ignorance, I was none the less made to feel much at home by finding that your leaders are grappling with so many of the same problems that we in the general field of education have to face.

One of the problems disclosed in the questionnaire replies is the very familiar one to us in general education of the repression or the expression of "Young America." Some of your training school officers are not a little scandalized at a certain lack of respect for authority, not to mention other observable deviations from what has hitherto been counted proper. These training school heads seem to lay the blame for such laxity on a lack of proper home and school training and to conclude that it is high time for somebody to make these young women taste proper authority. I judge that they think the training school should supply this needed experience.

Other such heads, however, seem much more inclined to consider the natural feelings and inclination of the young students committed to their care. These recognize a tendency brought over in the traditions from the past to repress over much the individual student nurse, to treat her somewhat as the army tradition treats a private soldier, to demand implicit unquestioning obedience and in general to expect a most respectful subservience. Now I am telling no secret to an American audience when I say that right or wrong our girls do not relish such a regime and in fact do not propose to put up with it. Here then lies one of the troublesome points. The medical profession and hospital tradition have their roots in a remote past. They seek to perpetuate in our modern democratic life certain attitudes that clearly arose amid other ideas and customs. Certain modern tendencies oppose. A conflict arises. Hence in part the situation which we are here to discuss.

More fundamentally it is interesting to see that your problems, as ours, grow very largely out of the environing social movements in

¹ Substance of an address delivered before the Department of Nursing and Health, Teachers College Alumni Conference, February 10, 1922. Published also in *Teachers College Record*.

which we are all inextricably entangled. This conflict between the old institutions and the ever new demands is always with us, but it appears just now to be unusually acute. You are perhaps peculiarly entangled. In some respects your work is one of the oldest in modern civilization; in others it is distinctly new. New and old elements are almost certain in a transition period like this to come in conflict.

Let us seek to understand this situation of conflict. Three factors, each mingled cause and effect, unite to produce the modern world. They are the growth and spread of science (or tested thought), the industrial revolution, and the rise of democracy. The modern world presents as results three significant aspects: first, an inherently changing civilization, with ever new demands and the unending search for new means for meeting these demands; second, the factory system, with its tendency to reduce the individual to personal nonentity amid the assertive bigness of organization, and the hit-back of the individual determined not to be overwhelmed in the bigness; and third, the decline of authoritarianism, or the tendency to renounce external authority and to build—at length—an internal authority to take its place. These three mean in their turn a constant necessity for making over our institutional outlook and our institutional customs. Such a remaking means much groping in the dark, and meanwhile many recriminations back and forth. In particular do those who guard the old fear the downfall of external authority, to them too often the only authority in which they can feel confidence. It was so in the past when the external authority of divine right of kings or of established nobility was compelled to yield to the internal control of popular government. It has been so when the like external authority of Aristotle or of church or of Bible has yielded to the internal authority of inherent reason. But our times show an even more difficult shift: the external basis of authoritarian ethics is losing force, and too often does no internal authority take its place. Those who seem most to need authority often acknowledge none, and morals suffer. It is in this welter of change and struggle and decline of custom and recognized authority that your problem is located. No wonder we grope for light.

As we are to discuss a code of professional ethics it may be well to ask what we mean by a profession,—not that I admit that only a profession can have a code of ethics. The adjective professional in our topic harks back, I think, to feudalism, when a profession represented the upper reaches of social service, the aristocratic realm of the intellect with *noblesse oblige* as its guiding principle. It was in such an upper class alone, so they thought, that a true sense of propriety could find a fit abiding place. Historically and even now there

is much practical truth in this idea, repugnant as it may be to certain of our democratic sensitivities. [What then is a profession? Three characteristics seem to me to stand out. First, the professional is opposed to the amateur. He lives by and with and from his work. It is his vocation, and not merely that to which he gives extended study. Being a professional he lives from his work and he carries his work to a higher degree of excellence than will any mere amateur. Second, and more to the point, a profession implies the conscious practical application of a large body of knowledge, accumulated through many generations and acquired by the individual only by long extended personal study. In this statement, organized knowledge is consciously opposed to mere manual skill and dexterity, while the conscious application of the knowledge involves individual judgment in each particular case as opposed to any mere rule of thumb procedure. From this point of view a profession necessarily implies education in a broad sense as opposed to mere training. Third and for our purposes most significant of all, a profession implies an ethical identification of interest between the professional man on the one hand and the one served on the other. As concerns many trades, at any rate, the one served is supposed to look out for himself; the doctrine of *caveat emptor* holds. But in the case of a profession the interests of the one served must be handed over in a different manner and degree to the professional man. This calls out and secures from the true professional man a singleness of service which is one of the finer fruits of civilization. Yet more significant, if possible, to our inquiry is the relationship of the professional man to society, to the public welfare.] The professional man does indeed for the time being identify his interests with that of his client or his patient, true enough, but the character of the obligation and the kind of service due are consciously and distinctly subordinate to the prior and superior welfare of society. The public good is paramount.] It would not be becoming in me to criticize here any profession for its failure to observe this obligation; but it is a pleasure to call attention to the scrupulous care with which physician and nurse have observed it. The few exceptions find no support in the professions. In conclusion of this specific point of inquiry, a profession thus is a vocation, by implication gainful, involving the individual and thoughtful application of a considerable body of organized knowledge in self-identifying service to others for the good of society.

Is then nursing a profession? Should it have and obey professional ethics? To both I say yes. As to the first, it is a vocation and not the mere amateur practice of a woman's native tendency to relieve distress in others. It involves increasingly the extended

study of organized knowledge as opposed to the acquisition of an assortment of mere skills. It increasingly implies individual judgment and responsibility. I gather there are some who would like to limit or deny this factor, but this body at least will agree with my asserted statement. Finally and beyond all question nursing implies and secures in maximum degree an ethical self-identification with the interests of the patient in the service of society. The first question answered affirmatively, we turn to the second, Should nursing have its own professional ethics? Speaking for myself I should say yes, even if I agreed to the most jealous wish of the most narrow-minded physician to control the every act and judgment of his nurse. I wish utterly to repudiate any such feudalistic exclusiveness as has hitherto been assumed to belong to professional ethics. But more of this later.

Let us now ask what is meant by a code of professional ethics. What is this thing we have been considering? It is, as I see it, the formulated ethical procedure appropriate to the group under consideration (to my notion not excluding even the humblest trade). It takes cognizance especially of the danger points more or less peculiar to the profession (or trade group). It usually implies also standards of conduct along certain lines higher than the outside public would think to exact. It implies further an *esprit de corps* a group-conscious loyalty to the profession and to its code. Lastly, it may well include an appropriate professional etiquette to make explicit in more formal and routine matters the observance of the codal demands.

Before proceeding further it may be well to consider the situation now confronting nursing in this matter of a code for its conduct. The review is to fix ideas, to bring us together on matters with which you are more familiar than I. As has been several times intimated, the older professions originated at a time when the caste spirit was prevalent. Their members easily accepted the dominant disregard for the personalities of their helpers. A helper was at best a higher servant, a means to be used to an end, and no more. The military ideal seems, from causes easily seen, to have been especially strong in the management of nurses. They were to be becomingly uniformed, and must move noiselessly and surely. They must, after the analogous relation of private soldiers to officers, take orders unquestioningly and never presume to have judgments of their own, much less to act upon the dictates of their judgment. Such an outlook did tradition hand over to our ever growing hospitals.

The conditions of modern life seem to have modified appreciably the character and outlook of the nursing personnel. The time was when hospitals were few and small. Nursing, then looked upon "as an

appropriate refuge for the disappointed and bereaved," offered candidates in sufficient numbers from the better cultivated walks of life and of sufficient maturity to allow the hospitals to select a very high standard of character. In obedience to the general attitude of the times, and being, as the quotation has it, often "disappointed" or "bereaved," these nurses offered no objection to self-effacing subordination. Self-denying devotion to the helpless was sufficient self-expression to them. But most of these conditions have changed. Hospitals grow ever more numerous and colossal. The demand for nurses is correspondingly great, so great in fact that choosing is not possible in the old degree. Moreover young women now look forward to vocations even from adolescence. For such, marriage is still desired and expected, but it is in anticipation postponed beyond a period of temporary remunerative occupation. This means that probably most of those now entering upon nursing feel on the one hand that their career in nursing is more or less temporary, and on the other that their full life lies ahead of them, and by no means in a remote future, rather just ahead, even now. So they demand the pleasures of this world, dancing, theaters, beaux. Moreover in a manner and degree most disconcerting to the older psychology of management, these young people have scant respect for authority as such. They ask "why" more often than "what." They do not care to accept the mere word of anybody, whether in matters of belief or of conduct. When "Young America" thus comes up against an entrenched tradition of subordination and unquestioned obedience, there is "something doing." Some managements, as was intimated above, believing that these bad tendencies are due to lack of previous restraint try to make good that deficit by coming down the harder now. Least successful of all are those hospitals which use repression to secure exploitation. Instead of building desirable character changes, these arouse and store resentment. They may force compliance for the while, but they must inevitably make for selfishness and low ideals.

A final element in the present situation is the rise of a fuller professional outlook among nurses. You know so much more than I of this that I can but touch on it. The increase in learning necessary for satisfactory nursing, the wish of the more capable women of the profession to advance to a status of self-responsibility, the rise of types of nursing carried on in relative independence of physicians,—all these things work together with other factors to break down a once dominant subordination. Preference being possible, strength of character and intellect assert themselves. While some physicians seem to resent this, the tendency is a fact, increasingly an

accomplished fact. The old basis is outgrown, but the new is not yet systematized.

These various factors in a changing situation demand a reconsideration of the proper relations of the various personalities involved. Traditional answers no longer satisfy. The situation is impelling. Something must be done. Can we find in fundamental ethical considerations any light to guide?

You will, with pleasure doubtless, pardon me that I state rather than argue what I conceive to be the basis of ethics wherever it be found. Western civilization for good or ill has adopted expression rather than repression as the basis of the good life. Repression it allows, both in the form of positive coercion and in the form of education, but in both cases the repression is for the sake of more adequate expression, in the one case of others concerned, in the other case of the individual himself and through him of all. Moreover modern democracy sees in the individual the supreme end, not the separate individual as the final end nor the individual in competition with others, but all individuals together, each for the others. Our best thought tells us to respect supremely the personality of each, but not as now perfect. We are to respect each as he now is,—yes—but with reference to what he may become, and to what others may become simultaneously with him and through his becoming. We thus accept Kant's dictum that we should always treat humanity as an end and never as a means merely. We accept as a partially overlapping statement that we seek the development and expression of each in relation to all. In close connection with this, though I fear my simple statement will be more obscure than convincing, we count that the good life is a growing life, that good, as Professor Dewey has pointed out, consists of growing; that we should each choose always those activities that leave us, and those whom we influence, most disposed and best equipped for further like fruitful activities. Education is thus both a means and an end in the good life. As means it helps to make the good character, it aims by guidance to build a character that fits society in and for its continued growing. As end, education, since it is itself essentially growing, constitutes the good of life. The criterion for judging all conduct is then its educative effect: Does this conduct cause me and others through me to grow along such lines as will in turn best promote growth? If yes, good; if no, bad. Growing and respect for personality, these are our criteria, each explanatory of the other.

A few words I venture to add with reference to an actual code, rather by way of indicating the application of the foregoing principles than by way of suggesting what specific content you should include.

The supreme basis for any code seems then to be: mutual respect for growing personality on the basis of the common good. This means, as was said, that no person from the highest physician down to the lowest orderly is to be considered as a means merely. Each such must be respected as a personality with possibilities of growth and development, not necessarily into a different type of post, though this may be the line of growth. No nurse is merely a means to the health of the patient, still less to the success of the physician. She is that and distinctly so, else she performs no service; but she is more than that, she is a person, with hopes and aspirations, with lines of life stretching out before her. While she serves, she should also find expression,—and growth. For mere expression, without growth, will if continued become dissipation. One of the most satisfying and consequently one of the required ways of respecting personality is by discussion and mutual consultation. I mean that any two people ought always to meet on such grounds as make it easy for them jointly to consider matters of common interest or joint coöperation. When I dictate a letter to my secretary I sincerely regret that her necessary attention to what she does prevents her from thinking fully of what I say. I am sorry both for her sake and mine that we cannot more fully consult. Of course, it is my letter and I am responsible to the outside for what I say, and not she; but she knows much of my business and often recalls or sees things that I had forgotten or failed to consider. Moreover she may think of a better answer or phrasing than I. But even more than these matters that concern me individually, I wish her to live as fully as possible in and through the work. I wish her to feel that it is her work in as true a sense as it is mine. It is our joint work and should be so conceived and so conducted. And I conceive the same relations as belonging to physician and nurse. I cannot see why it should be otherwise. The nurse then should be encouraged to observe and encouraged to report. True, the physician is in responsible charge, and he must finally decide. But a true ethics seems to me to demand such a joint consultation and, if possible, joint agreement as will mean development and expression of the best in both, nurse as truly as physician.

And what of codification? Shall we make a code? Or had we better leave room for flexible adaptation to the great variety of cases as well as to ever changing conditions? I don't know enough to have an intelligent opinion, and the test of trial must finally decide, but I vote aye for a code. Let the code emphasize principles, yes; but let it present enough detail to guide conduct. On any other basis I am afraid that the high-minded will have high standards while others may fail. It was said earlier that a code should pay particular

attention to danger points. So far as I could gather from the returns I read, four points seem deserving of special consideration. First, the training school and hospital. You must secure conditions and standards that mean on the one hand proper growth in knowledge and character sufficient to meet the demands of nursing, and on the other no exploitation of the students or nurses. I shall return to this later. Second, the relations of physician and nurse. Here the discussion given above should find its application. The clear recognition of difference in function is, as I see it, not antagonistic to respect to personality as there discussed. This I judge is one of your knotty points, for it involves another code of ethics, which to speak kindly is relatively fixed. Third, the relation of nurse to patient, particularly to the prospective patient where living conditions are not attractive. Here I imagine from what I read you have to raise standards for some of the selfish members of your profession. Exactly here I incline to think you need precision of statement. Fourth, the question of conscious enforcing of standards. My own opinion is that it is and always will be necessary to have adequate machinery to enforce, if necessary, your standards on any graduated (or registered) nurse. Without provision for both formulation and execution, I do not see how you are going to meet the ethical demands of the situation.

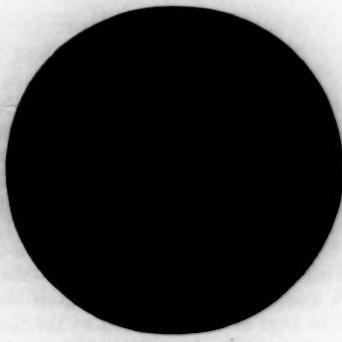
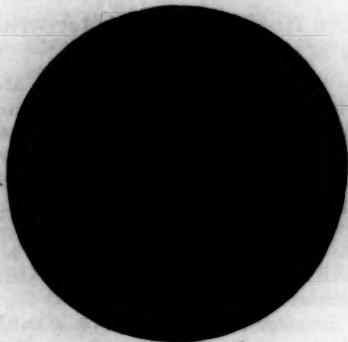
May I in conclusion say a word, which I hope will not sound presumptuous, about securing the embodiment of your code and its principles? The strategic place is clearly the training school. It seems to me that the beginning nurse should be considered primarily as a student and neither an apprenticed servant nor yet a nurse. The school must recognize the fact that neither nursing nor preparation for nursing nor both put together can make the whole of life. Only a willingness to treat others as mere means to end could accept such a view. This means then a positive programme for social life, physical recreation, library and reading facilities, and the various forms of social commingling, including all the usual wholesome relations with the opposite sex. In particular the school must consider that its education extends beyond mere medicine and nursing to include much else that is necessary to fuller living. Many girls come from inadequate home surroundings, they must receive especial attention. As a school, modern educational ideas should be used, such as student government, the honor system, the discussion in the classroom. These are not mere devices, but positive agencies for character building. Whoever tries henceforth to use a scheme of military suppression instead of these means of education is courting failure both immediate and remote. That day has passed.

It further seems to me necessary that your training schools should work positively for an *esprit de corps*. For this, history is always a powerful aid. The history of nursing is filled with material which, properly conceived and properly presented, will appeal powerfully to the young woman. Call also freely on the history of medicine with its heroes, for this is in truth yours, too. Use the stirring incidents of both histories to teach professional ethics. And take care not to remain too far from the present in this teaching. Romance belongs to the past and we need its glamor, but the brave deeds among people nearer home have their unique effect. Specifically in the hospital and in the humdrum of everyday life we must manifest and expect a real unselfishness. Here is where the sense of fairness and the strong personality of the leader can get in their work. For after all it is the personalities of the training school who must in the focus of learning steer the educative process. Without them nothing avails.

Important as is the training school it cannot do all. Graduation in a true sense ushers into real life. As I, from the outside look over the field, it would seem that your graduate associations must continue the work begun by the school. They must guard your code and protect it from infringement without fear or favor. They will temper their efforts with a proper humanity and will do all with entire unselfishness. But standards must be maintained. Part of their work will be to direct attention to the training schools to see that they, too, are up to standard. If I may draw a lesson from education, you will do well to encourage post-graduate work. In and through this your leaders will build a very conscious professional spirit. Here as elsewhere growing and a sense of growing form the main reliance. Those who feel the growing will be the ones both to formulate and to guard the sense of professional ethics.

Amy M. Hilliard is one of the recipients of the beautiful Nightingale medal which commemorates the dedication of the Bordeaux School, pictured on the opposite page. It was Miss Hilliard who suggested, when Dr. Anna Hamilton came to this country to solicit funds for her struggling hospital, that American nurses could erect no finer memorial to their sisters who gave their lives for France than a school for nurses. The idea was taken up with enthusiasm and was ardently pushed by Anna C. Maxwell and later by a committee, of which Sophia F. Palmer and Miss Maxwell were members.

**DEDICATION OF THE AMERICAN NURSES' MEMORIAL,
FLORENCE NIGHTINGALE SCHOOL,
BORDEAUX, FRANCE**



**PHOTOGRAPH OF THE NIGHTINGALE MEDAL SENT TO THE AMERICAN JOURNAL
OF NURSING**

THE American Nurses' Memorial, built with funds contributed by American nurses and their friends, was dedicated on May 12, 1922, the 102nd anniversary of the birth of Miss Nightingale.

PROGRAMME

FIRST PART, IN THE PARK OF BAGATELLE

Address, Monsieur Henri Cruse, President of Hospital; Message, Myron T. Herrick, Ambassador from United States; Address, Mr. Jaeckel, Consul of United States; Song: In the Meadows, The Nurses; Address, Monsieur Arnault, Prefect of Gironde; Address, Monsieur Philippart, Mayor of Bordeaux; Address, Monsieur Iriquin, Mayor of Talence; Song, American National Hymn, La Marseillaise, The Nurses.

SECOND PART, BEFORE THE ENTRANCE OF THE SCHOOL

Invocation, Rev. Mr. Burnell; Song, Our Father, The Nurses.

Opening of the door. Delivery of the key by Sophie C. Nelson, representative of Miss Noyes, President of the American Nurses' Association, to Dr. Anna Hamilton, Directress of the school.

Entrance of American and French Nurses.

THIRD PART, IN THE HALL

Address of Welcome, Dr. Anna Hamilton, Directress of School; Addresses of nurses, American and French, Mary Beard, Director

of Visiting Nurses of Boston; Sophie C. Nelson; Song, The House Is Ready, the Threshold Is Strewn with Flowers, Nurses; Address, Evelyn Walker, Directress of Visitors in the Aisne; Address, Katharine Olmsted, Chief Nurse, of International League of Red Cross Societies; Address of thanks, Mlle. Monod, a graduate of the School.

A description of the exercises, taken from a personal letter written by Mary Beard, gives a clear idea of what transpired:

It was so disappointing not to have Miss Hay there—to us and to her. She was ill and could not possibly go. Miss Nelson was an admirable substitute, saying just the right thing with great dignity and feeling. The building is beautiful. The two bedrooms set aside for American nurses charmingly furnished with nice old French furnishings. The day was a perfect one—cool enough for comfort and not too cool for the outdoor part of the occasion. Though I could not understand the French speeches, I know they were eloquent and was told that they were also very appreciative of the cause of nursing, showing (I am speaking especially of the first one—the speech of Monsieur Cruse, the President of the Board) real understanding of the value of nursing education.

The part of the ceremony at the foot of the steps leading into the new building was very effective. Miss Nelson gave the key to Dr. Hamilton, they walked up the steps and in at the door together,—some one in Red Cross uniform happened to be on either side, making the picture complete. Inside is the big assembly room and here Dr. Hamilton and we nurses spoke, standing beside the fireplace over which, to either side, is the American Nurses' Inscription:—

To the Florence Nightingale School
In memory
Of our comrades
Who died in Service
In the Great World War
We
The Nurses of America
Dedicate this Memorial
To the Higher Education
of Nurses
For Humanity
and
for France

It would be hard to give any idea of the beautiful spirit that pervades this School of Nursing. No one could possibly help feeling it, however, the moment they stepped in. We stayed to supper, served by the nurses, and good as only French suppers can be, then we stayed on and on till nearly eleven o'clock. The grounds are charming, a nightingale sang in the evening light to make it all seem more beautiful. The entertainment planned by the nurses, for which they had been rehearsing long and hard, was a great success,—singing, rhythmic dancing, and some reciting.

I wish every nurse who gave her share towards that beautiful memorial could have been there, for it is a school we cannot help being proud to have had a share in.

ADDRESS BY MARY BEARD

Mr. Chairman, friends of France and of America, and my fellow nurses:—It is with great pride and with great humility that I am here today to speak for the American nurses at the opening of this building.

I am proud that, because I am a nurse, the American Red Cross has, through Dr. Hamilton, given me this part in today. And there is a deep humility in my heart when I realize how little I am able to say what all American nurses feel towards the people of this country —nor can any of us express in words what we know those nurses, in whose memory we are meeting today, would like to have us say. Every nurse who could not come to France to help in the Great War must always feel the sadness of that deprivation. The American nurses would want me to tell you why some of us could not be here, what remained to be done for the cause of nursing and what are some of the far-reaching results of those war-time activities of nurses, for they will profoundly affect the whole future of our work.

In the United States there are, as you know, three great national nursing associations. Membership in them, numbering many thousands, includes the greater part of all American nurses; these three are the American Nurses' Association, the League of Nursing Education, and the National Organization for Public Health Nursing. Every nurse who is a member of any one of these bodies must come up to definite standards of training and education. Many of the members of each organization are enrolled in the American Red Cross and all are registered nurses—which means that all are legally entitled to practice nursing under the nurse practice acts of our various States. It was to the American Red Cross that we turned when American nurses were required in large numbers to be sent overseas in 1917 and it was to the three nursing bodies that the American Red Cross looked for the thousands of recruits necessary to supply the demands of the American Army. When the War began or rather, in May, 1915, there were 150 American nurses with the United States Army on the Mexican border; in 1917, when we entered the war, there were less than 400 nurses with the Army; and in 1918, when the Armistice was signed, there were 21,000 American nurses serving with the Army in Europe and at home, or waiting for transportation overseas. This was a fine achievement. Never before in the history of any war has a nation been able to supply as many qualified nurses as the Army has required. When we use the word qualified we mean that all these nurses had been trained in nursing procedures, educated in nursing methods according to the minimum standard for such education and experience. To put it in another way, it has been found necessary

to establish a minimum standard of education for nurses in order to insure the least possible discomfort and distress to patients in civil hospitals in time of peace. If this is true, as much experience has proved, for people suffering from ordinary medical conditions or from surgical operations performed under every favorable condition, how much more true is it of the nursing care necessary for wounded soldiers. It was possible to provide twenty-one thousand qualified American nurses for the United States Army because American nurses are thoroughly organized. When we entered the War, a Committee on Nursing was created at the call of one of the Surgeons General of the United States. This Committee acted throughout the War to support, strengthen and fill out the work of the Nursing Division of the Red Cross under Jane A. Delano, who was herself one of the original members of the Committee.

Five great tasks confronted us: 1. The supply of qualified nurses must be kept up; this meant enrolling all qualified nurses, in the Red Cross and recruiting pupils for the school of nurses. 2. Keeping the schools alive and well manned with teachers. 3. Devising new means of supply. 4. Protecting the nurses who enrolled for service—i. e., the struggle for military rank, many details of preparation, care for sick nurses, etc. 5. Community health protection at home.

Some of the results of the war on the present and future status of nursing are very important and far reaching. Let us see now how these five needs were met.

1. Recruiting and enrollment were magnificently successful as the figures show.
2. The schools received and trained all the recruits who came.
3. The United States Army has adopted a plan, devised by Annie W. Goodrich of the war-time Committee on Nursing, for a permanent Army School of Nursing. This School, of the very best type, capable of providing in time of war an almost unlimited number of qualified nurses by the plan of affiliation with the hospitals at concentration camps, makes an unequalled field for training numbers of young women. In peace time the Army School of Nursing affords an example of an admirable school and keeps the Army Nurse Corps supplied with a fine type of nurse.
4. Rank for nurses has been secured (i. e., military rank).
5. We were able to supply the Surgeon General of Public Health with the nurses he required to protect the health of the public.
6. A great study has been undertaken as a direct result of the war-time committee's work. A study is being made of nursing education. When it is published, which will be very soon, we shall have a comprehensive knowledge of the strength and weakness of our

present methods of education and we have reason to believe that we shall also have means to establish one or more model schools of nursing, from the experiences of which we shall learn how to make the most effective progress in nursing.

You will forgive this outline of the nursing history made during the war. During that terrible time there was just one thing that every man, woman and child could do—he could *give all he had*, for everything he cared about was at stake. To give all one has is one thing to you and another to me. Perhaps the most unusual possession of American nurses is their effective organization—that organized body of nurses available in a great need because they *are* organized. This we gave.

All life is full of great and terrible and often very beautiful contrasts—Mount Aetna, snow covered, rises above the green fields and the blue sea of Sicily, serene and lofty, lovely and inspiring, but if we go closer we find ourselves looking upon a sight as terrible, relentless and hideous as the summit is lovely, for here, eleven years ago, but still steaming and hot to the touch, Mount Aetna poured out those great black masses of lava, molten then and coming slowly, slowly “like horses seen from a distance galloping,” but certainly rolling down destruction to all in its path for forty kilometers and during fourteen days.

In a very beautiful church in Ravenna there is to be found the peace of centuries, the rest of perfect arches, the delight of soft colored mosaics of the very early days of Christianity—and in a little Memorial Chapel of this same church there is preserved a monstrous iron studded club, such a weapon as a cave man might have used, and this is a trophy of the Great War. The names of those young men who gave their lives in this war, from this province, are inscribed upon the walls.

The beauty of the Greek temples built 500 years B. C., brings tears to our eyes and the red stain of the fires of Carthage is still upon the stones on every side. And so, in the Great War, one moment was the unspeakable horror of the trenches, the next the sublime glory of the spirit that dominated the horror.

France—to the rest of the world there is a splendor in the very word—is heroism, gallantry, spirit—and so we, the nurses of America, wanted most of all, as a memorial to our dead, those two hundred and seventy-eight nurses whose lives will be remembered by the young women who will live and learn in this building in years to come, we wanted, as I say, to give France what France most wanted to have and when Dr. Hamilton came to us before the War was over and told us that the friends of nursing in France wanted this School most

of all, we were glad because we, too, value schools for nursing very highly and because through this common idea for education we shall come closer together.

To the nurses of France the nurses of America make this gift in memory of our sister nurses who died for a great cause—and in love and admiration for the people of France.

HOOKWORM DISEASE—A HEALTH PROBLEM OF THE SOUTH

BY MARTHA M. GILTNER, R.N.
Greenville, Mississippi

HOOKWORM disease occurs in all countries of the world in the territory comprising 66 degrees of latitude encircling the middle portion of the earth, where are to be found those conditions of climate and soil which favor the development of the parasite. It decreases as the more temperate climate is reached. The first history of the disease in the United States is published in reports of dirt eating and anemia among the negroes of several of the southern states. Dr. Stiles quotes Joseph Pitts as the earliest author he has found to refer to the disease in this country. In 1808 he describes the dirt eating among the poor whites and negroes as due to deficiency of nourishment. After 1886 physicians in the south frequently reported that hookworm was prevalent in the southern states. It had previously been known or spoken of as mountain anemia, negro consumption, malarial anemia, malnutrition, and dirt eating. Up to 1910 no systematic investigation had been made in the United States, though Dr. C. W. Stiles had made many valuable observations in various parts of the country and it was known that the territory from the Potomac River, including all the southern states, was infected.

There are two common species of hook worm that affect man: the old-world type, *uncinaria duodenalis*, and the American, *uncinaria americanus*. The latter, being found in this country, has been renamed by Stiles as *necatur americanus*, or American murderer.

The hook worm is described as being a small worm, the male six to ten millimeters, the female eight to fifteen millimeters in length. Its color is usually a grayish white, though often a dark reddish purple, probably due to contained blood. The head is small, body cylindrical. The mouth shows four lips, two in front and two behind. Just below the lips are six little projections, and below these on the floor of the mouth are four hooklets and one sharp conical tooth. It

is by means of this peculiarly formed mouth that the worm attaches itself to the intestinal wall and sucks the blood.

High temperature—78.5° F. to 95° F.—moisture, shade, and oxygen are necessary for its development. Few ever develop under 71° F. Freezing often kills the larvae and direct sunlight kills them. Elevation is of no importance if other conditions are favorable. Stiles has shown that sandy soil is most favorable for its development. Rapidity of development depends upon the temperature, shade, oxygen and moisture. The female lays eggs in the intestines of the host; which do not hatch in the intestines, but are expelled with the feces. If conditions are favorable the egg hatches in eighteen hours, the larva lives on the feces, it sheds its skin in from two to five days, and sheds it again in from five to nine days, this time it lives encysted in the old skin and ceases to feed and grow. In this stage it leaves the feces and seeks the moist earth. It cannot infect until it reaches this stage.

It may enter the body through two routes: directly, through the mouth, on fruit, vegetables, or in drinking water; or indirectly through the skin. It is estimated that 90 per cent of victims are infected through the latter route. It usually enters the skin between the toes, producing an irritation known as ground itch, dew poison, water sore, or toe itch. It now makes its way into the blood vessels, then to the heart, through to the lungs, where it bores through into the air cells, then into the windpipe, is coughed up into the throat, is swallowed, and passes into the stomach, then to the small intestines.

In the intestines it sheds its skin the third time, attaches itself to the mucous membrane of the intestinal wall and sucks. Further development takes place, it sheds its skin the fourth and last time and begins to grow rapidly. In six to eight weeks it begins to lay eggs and the whole cycle is begun over again. Bass, in estimating the number of eggs in a heavily infected case which he examined in Louisiana, states that at least 4,490,000 eggs were passed in the stool.

Investigators have fixed the average length of life of this parasite at from five to ten years, though in some cases it would seem to show that it is longer.

The worm does not remain fastened to one place indefinitely, but releases its hold and attaches itself again; each time it leaves a raw open wound which may continue to bleed or may become infected by other germs. It is estimated that a worm will suck a drop of blood daily.

Hook worm disease is no respecter of persons. It affects those of all ages, sex, and social condition, but it is more often found among those that have intimate contact with the soil,—the farmer, gardener,

brick layer, children who go barefoot. The youngest case reported in Virginia was a baby thirteen months old; the oldest, a man of ninety-three years.

The effects produced by this disease vary with the intensity of the infection and the condition of the patient.

At least 90 per cent of all the cases begin with ground itch. Anemia is the most prominent and constant symptom. Other symptoms are: dry hemp-like hair,—usually scant, sometimes being entirely absent on the body,—the skin dry, pale and sallow, pulse weak and rapid, palpitation frequent, eyelids puffed and face swollen, oedema of the abdomen and extremities, dyspnoea marked upon slightest exertion, temperature varied—sometimes elevated (due frequently to infection of the wounds produced in the intestines by the worms) sometimes subnormal; the face stupid in appearance, features expressionless, pinched and drawn, pupils dilated and in some cases, night blindness. The muscles of the chest are emaciated, the ribs and shoulder blades are prominent, the shoulders droop. The appetite is usually poor but in some cases it is ravenous. It is very often perverted, the patient craving such things as dirt, chalk, and coffee grounds. It is noticeable that many infected girls and women are very heavy users of snuff. Digestive disorders are common. Often there is a hacking cough due to the irritation of the larynx by the young worms; constipation is the rule although some cases have diarrhoea. Many have joint pains. Young girls suffer more from nervousness as a rule than do boys, particularly during the adolescent period. Puberty is often delayed. It is not unusual to find girls of twenty-one who have not menstruated. Mental and physical development is in many cases greatly retarded. There is a lack of ability in the child to concentrate upon his studies and the victims of the disease easily become tired and exhausted. Headache is very common among school children and there is a great lack of interest in school. The child does not care to romp and play. The red blood count is as low as 1,250,000; hemoglobin reduced as low as 20 per cent. This, with the constant loss of blood and production of toxin which produces the injurious results on the entire body, accounts for the lack of physical and mental development. It is not uncommon to see a child of fifteen no larger than a normal child of ten, or one of twelve or fifteen years of age in the second or third grade in school.

"Hookworm does not cause laziness. It does produce anemia with a resulting weakness and lack of energy." Lists of children found infected usually correspond with those of the dullest pupils in their grades. In one women's college, for example, the average standing of fifty-six students found infected was 78 per cent. whereas

56 students found free of infection had a standing of 89 per cent. In another instance 25 infected boys in a southern academy averaged 64 per cent in their studies, as compared with 86 per cent in the same number of non-infected. Retardation here was 25 per cent. Teachers everywhere are unanimous in reporting that treatment of the infected pupil results not only in marked gain in weight and physical appearance, but in decided improvement in zeal and intelligence as well.

Hookworm disease rarely kills people directly, and while the direct effects are serious, the indirect effects are more so because of the lowered vitality and weakened resistance. This condition makes the sufferer more susceptible to other diseases and lessens his chances for recovery. Mild cases may go on for years and the trouble not be recognized. It is now strongly suspected that many cases of supposed tuberculosis among negroes are undiagnosed hookworm disease.

(To be continued)

SYNERGISTIC ANAESTHESIA

As Used in the North Chicago Hospital

BY ELEANOR C. AHRENS, R.N.
Chicago, Illinois

(The following article is published on request of a nurse who was embarrassed to find herself unfamiliar with newer methods of anaesthesia.—Ed.)

NURSES are familiar with the symptoms of post-operative discomfort which result from acidosis and traumatic shock. Following all ether anaesthesia, acetone bodies are found in the urine. It is said by some surgeons that six per cent of the laparotomies show acetone for the first twenty-four hours after operation.

Dr. J. T. Gwathmey of New York City contributed to the subject of Synergistic Anaesthesia in 1920-1921 a number of articles which were published in the *Journal of the American Medical Association*.

Dr. Joseph C. Beck of the North Chicago Hospital, a noted Otorhino Laryngologist, has been using the following method for a number of months with great success.

The drugs used are: Morphine for adults, paragoric for children, in lieu of morphine; Magnesium Sulphate 25 per cent solution; Ether; Olive Oil; Paraldehyd.

The technique is as follows:

Two hours before the patient is to be operated upon,—after pre-

paring skin with 2 per cent Iodine solution, give hypodermic of sterile Magnesium Sulphate c. c. 11, plus Morphine Sulphate gr. $\frac{1}{6}$. Repeat every half hour until three doses have been given. Then give, per rectum: Olive Oil, aa. drachm iii; paraldehyde, drachm iii; Ether, drachm iss.

The hypodermics are given in the buttocks as a rule and rarely in the deltoid. If the patient is a child, paregoric minimis V drachm iss, is given by mouth in lieu of morphine. One-half hour later give, per rectum; Magnesium Sulphate, 1 c. c.; Ether drachm iss; Olive Oil, drachm iss.

Surgical anaesthesia is reached in from four to six hours. The patient can be aroused after this anaesthetic and will carry on a conversation but will not remember it.

No post-operative vomiting occurs, the patient has no gas pains and sleeps from four to twelve hours. Occasionally it is necessary to resort to an accessory anaesthetic of ether inhalation or vapor method and apothecene 2 per cent per hypodermic.

The operations performed at this hospital under synergistic anaesthesia are tonsilectomies, sub-mucus resections of nasal septum, radical antrum and frontal sinuses, mastoidectomy, suspension laryngoscopy, laryngectomy, excision of upper jaw, thyroidectomy, trephine of skull, and decompression operation.

The technique used in some hospitals, however, consists of a preliminary alkaline treatment of Sodium Bicarbonate and lactose for several days before operation, in order to have the patient thoroughly saturated with the carbonate. Immediate pre-operation treatment is essentially that of Gwathmey, which consists of a hypodermoclysis of a 4 per cent chemically pure and sterile solution of magnesium sulphate given at fifteen-minute intervals for two or three doses, starting one and one-quarter hours before operation, and morphine sulphate $1/10$ to $\frac{1}{6}$ gr. in 1.5 c. c. of a 25 per cent chemically pure and sterile solution of the magnesium sulphate given at fifteen-minute intervals for two or three doses, starting one and one-quarter hours before operation. Gwathmey has used as much as 400 c. c. in hypodermoclysis and has given the morphine in from 1 to 2 c. c. solution.

The patient is always kept in a darkened quiet place and is very gently removed to the anaesthetizing room where the synergistic anaesthesia of ether by drop method is commenced, if it is necessary to administer same. The patient is practically in a state of analgesia and the excitement stage is nil. The pulse is usually slow and little faster in the second stage, retiring to a lower rate during the operation.

Successful anaesthesia of this type calls for the utmost precision in carrying out orders and the most careful observation on the part of the nurses entrusted with the care of these patients.

LEGAL STANDARDS FOR DRUGS

BY LINETTE A. PARKER, R.N.
Lakewood, New Jersey

THE Pure Food and Drug Act which was passed in 1907 states in Section 6 "that the term 'drug,' as used in this Act, shall include all medicines and preparations recognized in the United States Pharmacopeia or National Formulary for internal or external use, and any substance or mixture of substances intended to be used for the cure, mitigation or prevention of disease of either man or other animals."

This official definition of the word "drug" established as legal standards two books, the Pharmacopeia and Formulary, which for many years have been published by medical and pharmaceutical societies for the purpose of maintaining some degree of uniformity and standardization of drugs throughout the country.

The United States Pharmacopeia (U. S. P.) is a book of about six hundred pages containing detailed descriptions of important medicinal chemicals and crude drugs and directions for making various pharmaceutical preparations. The selection of the drugs and preparations to be included in the Pharmacopeia is made on the basis of their known value as medicines and their necessity in pharmacy.

The development of the present form of the Pharmacopeia has been most interesting. In 1778 a book of this nature was published in Philadelphia for the use of the United States army; in 1805 a similar one was brought out by the Massachusetts Medical Society to meet the needs of that locality, and in 1815 the physicians and surgeons of the New York Hospital in New York City arranged for the publication of a hospital pharmacopeia which came to have a fairly wide distribution. All of these books were largely collections of prescriptions which were of established value and in general local use.

In 1820, through the efforts of the New York County Medical Society, a general convention of delegates from state medical colleges and medical societies met in Washington, D. C., to formulate a comprehensive pharmacopeia adapted for use in all sections of the country. The book appeared, the first national pharmacopeia of the United States, that same year. It was a publication of 272 pages, printed in both Latin and English. In 1830, through misunderstandings, two

pharmacopeias were published, one in New York and one in Philadelphia. The convention of 1840 abolished Latin and adopted a definite plan for future revisions. In 1860 the convention included for the first time regularly appointed delegates from the government and from pharmaceutical organizations. In 1890 the metric system was adopted.

The pharmacopeial convention is now a corporation of delegates which meets on each decennial at Washington, D. C. Each of the following bodies is entitled to three delegates: incorporated schools and colleges of medicine and pharmacy, incorporated state medical and pharmaceutical societies, the American Medical Association, the American Pharmaceutical Association, the American Chemical Society, the United States Army and Navy and the United States Public Health Service. At the convention the general changes to be adopted in the new edition are decided upon and a committee of fifty appointed to carry out the actual work of the revision. The new book appears usually about five years after the pharmacopeial convention.

The present revision, the ninth, is the first since the book was made a legal authority and was necessarily very thorough to avoid, if possible, defects and loopholes in definitions and directions which could be taken advantage of by violators of the law. It became official on September 1st, 1916.

At the last pharmacopeial convention held in May, 1920, an important change in the general policy of selection of drugs for the Pharmacopeia was adopted, namely, to empower the revision committee to admit proprietary articles of proved value which are of known composition and which can be accurately standardized. The revision committee now at work is composed of thirty-three members representing pharmacy and seventeen representing medicine. So much of the preliminary work of the tenth revision was accomplished at the time of the convention that the new book is expected to appear in two or three years.

The National Formulary (N. F.) is a smaller book than the Pharmacopeia published by the American Pharmaceutical Association every ten years immediately after each revision of the Pharmacopeia. The present revision is the fourth. It contains drugs and formulae which are not considered important enough to be included in the Pharmacopeia, but which are still in common use and need standardization.

All the drugs and preparations included in these two books, the Pharmacopeia and Formulary, are said to be "official." When a physician prescribes an official remedy he can be reasonably sure that it is pure, of high standard and of known and constant composi-

tion if it is possible to be obtained. It is a fact, however, that many physicians and nurses have a very slight acquaintance with these books and do not realize the desirability of official remedies over patent and proprietary preparations which have no supervised standards and many of which are unknown in composition. Copies of the Pharmacopeia and Formulary can be found in any medical library and in every pharmacy and even a fifteen-minute perusal would give one a general idea of their contents. To encourage and facilitate familiarity with these books among physicians the American Medical Association has published a book called "Epitome of the United States Pharmacopeia and National Formulary" which sells at the small cost of fifty cents and is a most convenient reference book on the official drugs and their preparations.

The United States Pharmacopeia is translated into Spanish and recent authorization has been given for translation into Chinese. All civilized nations now have their own national pharmacopeias, but they vary so much that a prescription written by an American physician, for example, put up according to a foreign pharmacopeia might yield a medicine radically different from the one intended. In an attempt to remedy this situation an International Conference for the Unification of Formulas for Potent Remedies was held in Brussels in 1902. It was attended by delegates from all parts of the world and several recommendations formulated at that time have been very generally adopted. The most important of these was that all potent tinctures be ten per cent in strength and all fluid extracts be one hundred per cent. Several unofficial international pharmacopeias have been prepared which give a comparative digest of the material contained in all the important national pharmacopeias and there is a strong tendency toward uniformity.

NATIONAL ASSOCIATION OF DEANS OF WOMEN

This Association has recently published its ninth Annual Report. The papers on the Construction and Management of Dormitories contain much that should interest those who are planning nurses' homes. Blanche Geary of the National Y. W. C. A., writing on "Certain governing conditions in the preparation of floor plans for dormitories for women students," has the following to say on "Privacy": "The specialist on floor plans for halls of residence for women, whether students or wage earners in the business or professional world, having in mind their need for conditions making for perfect health, cannot afford to overlook the connection between crowd-nerves and the prevalent absence of privacy. Lacking teachers, classrooms are crowded; lacking houses, homelife is crowded . . . Membership in the Association of Deans of Women would seem to have much to offer the directors of our university schools of nurses. The secretary is Dean Florence K. Root, Pennsylvania College for Women, Pittsburgh, Pa.

SPOOLHEEL

BY JEAN FEASER McMURCHY, R.N.

North Bay, Ontario

IT was just an ordinary hospital room. Ugly, that's the word, with its one redeeming feature, a western window. Outlined there by the afternoon sun, the tiny patient resembled a tired child. The tangled red-gold curls, petulant mouth, and closed, heavy fringed eyes, with their purple shadows, might cause one to exclaim at first glance "poor kiddie." But the hand thrown upward on the pillow wore a plain gold band.

The head turned suddenly, and a pair of questioning eyes opened slowly—very slowly. Then a thin voice, "Oh, gee, ain't this fierce?" brought back from her dreams of purple pansies, deep silences, and sweet—little "Spoolheel." Her land of "white butterflies" immediately became a reality of pain, of weariness, and of thirst. The curls were damp masses of red-gold, and the pillow soggy from the long other sleep, but the eyes that looked so questioningly at her nurse were the very purple pansies themselves.

The sign on the door, "No Visitors," proved useless. "Let 'em come, or they will think I'm dyin. Folks don't understand hospitals." From the first visitor, the tall and very frightened husband, "Lefty," to little John, the janitor's son, all brought testimony of the worth to this old world of such as little Spoolheel. The nurse smiled often to herself, as she arranged the flowers in the corridor for the night. "A great actress, or public idol must surely be in there," was the comment often passed by the visitors to other rooms. A public idol, indeed, the joy of a certain west-side section of great Manhattan,—the "Little Misses," wife of "Lefty" Moore, of Moore's garage, you know.

To Miss Lee, the tall day nurse, this case had many interests. The days were never dull. Even in pain, Spoolheel had been known to laugh. Laughter seemed a part of her. "That 'accident case' in room 17 certainly cannot be very ill," was the remark made by other patients. Her high, thin voice penetrated through the open transom, usually in a rippling laugh. They all knew her. The important looking internes often poked their heads in at No. 17 to hear for themselves the unexpected—a laugh, instead of a whine. The Grouch in room 16 sent in books. "I never read much, but it was nice of the queer old fellow. He says my voice is very irritating at times" (mimicking him to a nicety). Then she added, half apologetically—

"he doesn't get the afternoon sun, you know, and if my voice really does irritate him so I shall just have to 'change the record.'" Then one day the Grouch was wheeled in to call on No. 17, and he proved not to be an old one, but a young horn-rimmed gentleman, whose manners were painfully and perfectly polite. The voice, at close range proved also not to be so irritating, somehow, for he came again and again.

Little John, however, remained the favorite visitor. "One of my broken ones," she remarked once to Miss Lee, then she fumbled hastily for her "doll rag," as she called her handkerchief. Her broken ones, it was discovered, meant not those broken in body, as little lame John, but rather those who just in the toil to live got bent, if not actually broken. They had come, these passers-by, to a clinic of Smiles and Sunshine, when chance led them to Moore's garage,—an interior always rather dark, and odorous with grease and gasoline, and at the rear of which was "Lefty's" office. There, if so fortunate, one met "the little Misses," she of the red-gold curls, and rippling laugh. Then coming once, and finding her, somehow it was easy to come again. Strange, too, that in the adjusting of accounts, etc., it seemed a natural procedure to adjust other matters of sorts. Broken axles, broken vows, punctured tires, and punctured ideals—broken things in general, came to "Lefty's" garage, and Mrs. "Lefty" mended, too.

The case of Ben Lane might here be recorded. Ben had broken many things lately—the speed limit once too often, for instance. But the last thing that he had intended breaking was the faith that Nora Dean had had in him. The day after he "got out," Ben came to Moore's. As luck would have it, he found Mrs. "Lefty" there, and not too busy to talk. "Nora has quit me cold," he began, "and my job is all up." "Nora showed her good sense," Mrs. "Lefty" returned. "You have been riding for a fall, and you fell good and hard,—going to jail, like that! That last joy ride looks like all the joy you are going to have for some time." Bennie was ashamed and repentent. "But, Mrs. Moore, won't you please do something for me? Tell Nora how sorry I am, and that this is the last time. I am through." "You will have to get a job and make good before I talk to Nora. I have had a call from the country asking for a chauffeur who can be trusted under the most trying circumstances. Take one more chance, Bennie, and remember, if you fail, you fail me."

Diagnosed at having to leave the city, and yet eager for work, Ben left for his second chance. Bearing the recommendation from Moore's, he was ushered into the presence of his future employer. Lying there, on a horrible frame-like contrivance, bound down, as

far as Ben could see, was a little ten-year-old lad. His pale, anxious face, and eyes so large they frightened the hitherto bold and adventurous Ben, held him speechless. "Are you my new chauffeur?" he asked, looking keenly at him. "I think I like you, you look strong and steady. I hate jiggly people, and jiggly things. They hurt—my back. Now carry me out, Lane, and remember you are to go slow and steady. I'll try you out."

Ben, with his knees fairly knocking together, carried his burden tenderly to the big and shining limousine. Among the nest of cushions the little lad looked even more pathetic than at first sight. It was those eyes, however, and the pallor of the little face that frightened Ben the most. He wondered if he had forgotten how to drive a car, and if his knees would cease to seem "so all gone" soon. No car was ever driven so carefully, or so steadily before. Returning, he carried his strange burden in and laid him gently on the wide divan. He was rewarded by a smile and a "Lane, you'll do." Day after day the curious pair went forth,—the one in search of healing from the clean, cool air, and the other in search of a steady which was surely coming to him now. A month passed before Ben returned for a brief visit to the city, and to Moore's. The "Little Misses" greeted him with a happy smile. "Everything goin' smooth?" she asked. "Yes, smooth and steady." "Have you seen Nora, and does she know?" she asked. "She knows, and is very, very happy." Then the rippling laugh rang out. "We know you, Ben, better than you know yourself, and we knew you would make good—there."

A very trim little cottage on the Reid estate marks the proof of the success of that second chance. Day after day, the big car goes forth, and slow and steady, ever steady, sings the engine, and the heart of one man.

Maybe it was because the day had been cloudy, and no western sun had come to bid them greeting. The long days indoors were leaving their mark on little Spoolheel and her pallor was noticeable even among the grey shadows. She seemed to need a hitherto uninvited sympathy. Instinctively Miss Lee drew her chair near the bed. "I have never had much chance," Spoolheel began. "Mother died when I was two years old, leaving me to our landlady, old Miss Sims, as a sort of souvenir of much rent unpaid. Miss Sims must have liked me some or she would have thrown me out, for I was a cranky little brat. You see my hair was very red.

"Miss Held, a seamstress on our second floor front loved me, the only love in all my topsy-turvy childhood. I polished brass for Miss Sims, and swept and dusted, but for Miss Held, Hitty, I called her, I would have scoured and starved. I learned to read from ancient

pattern books in those stolen hours in that second floor front. Miss Sims died when I was ten, and I immediately attached myself to Miss Hitty. She simply had to have me." Then she told of the day the sign, "For Sale," went up on the only spot she had ever called home. "It took a policeman and Hitty to get me to my feet, for I just laid down in front of that sign and yelled. 'That little red-headed brat has powerful lungs,' the policeman said, as he shook me, but only Hitty understood the meaning of my panic. 'You will be with me, dearie, no matter where I go,' and I was satisfied.

"We moved to a tiny room further uptown, and there I was taught a gentler art of keeping house, minus the slaps of Miss Sims. For five years I went to school, never knowing the where or the why of the funds that fed and clothed me. At fifteen I got a job,—the proudest girl in all New York. Where do you think that was? Why in "Lefty's" office," and again she smiled. "Hitty always told me that I 'must get up in the world.' My ideas of getting up varied. At four, it meant to get up on high things, to view my funny person in the round mirror. At ten, I think to have been the owner of a candy store would have been a very high 'upgetting' for me. When Hitty died "Lefty" found me crying my eyes out. He told me how he had always wanted a little red-head to lighten up his dark office. So at seventeen came my very real 'upgetting.'

"A part of my very hurried trousseau was a pair of slippers with the very highest heels that I could buy, and standing proudly in the office at the City Hall we were married." And as the door closed on the tall day nurse, floated out over the transom "and lived happy ever after."

Finally, one morning brought the famous surgeon. The red rose in his buttonhole vied with the red-gold of his patient's curls. "Up for an hour, or until fatigued," he smiled and said.

"Up, you heard him, nurse,—bring me my slippers." Then down suddenly flopped the curls, among the pillows, and the eyes brimmed blinding tears—but for a minute. Then, "Bring me my slipper, please," she said. "The accident case" in room 17 had been an amputation case!

"Lefty's" share in this first important day was his present to his wife. A tiny little slipper, size just two, with a real gold buckle, and with the very highest spoolheel that he could buy. "To my office light, and light of my life, to help her get up," so read the card tucked within.

Eventually the last hospital day came. The procession began with little Spoolheel and Miss Lee. The fact of the wheel chair was a mere detail. Any way it helped serve for a footstool for the slipper

with its real gold buckle. The doors down the corridor were ajar, and the Grouch joined heartily in the good-byes and good luck. His horn-rimmed glasses fairly shone with the "better to see you, my dear," effect they gave. "Lefty" and little John brought up the rear of that proud, triumphant procession, and their smiles seemed permanent additions to their features.

Good-bye, good-bye, little Spoolheel. Your biggest of all "up-gettings" came the day you donned the one little shoe,—and smiled.

The world needs you, little red-head. Go back to your west side section of great Manhattan, and the sun, seeing you there again, will slink beyond the Hudson, knowing well you can carry on.

POSITIVE HEALTH

Positive health may be defined as meaning a body free from any handicap, physical or mental, with a resistance which enables it to withstand environmental attacks to reduce its power, a vigor which radiates strength, and happiness, and, back of it all, a spiritual tone which is the keynote of an inspiring personality.

HARRIETT LEWIS.

WHO'S WHO IN THE NURSING WORLD

MRS. ABBIE HUNT BRYCE

BIRTHPLACE: Blue Ash, near Cincinnati, Ohio. Born January 19, 1850. PARENTS: William H. Hunt and Robecca Legan Hunt. PRELIMINARY EDUCATION: District School and graduate of Montgomery High School. PROFESSIONAL EDUCATION: Graduate of Bellevue Hospital Training School for Nurses in 1881. POSITIONS HELD: Superintendent of Nurses in the obstetrical emergency wards Bellevue Hospital. Went to St. Louis, Mo., to establish a school for nurses in connection with the City Hospital. Was the first graduate nurse in that city. After giving three months' service as Superintendent and when work was barely started, was obliged to resign because of family obligations. In 1884 followed Adele A. Traver as Superintendent of Training School for Nurses of the City Hospital, Indianapolis, Ind. In 1885 graduated the first class of nurses in Indiana (the class Miss Traver had started). In 1887 was married to Peter F. Bryce, Chairman of the Hospital Board, and staunch promoter of hospital and training school. Gave four years of constant effort to organization of Public Health Nursing Association in the City of Indianapolis and in January, 1912, secured incorporation papers. Since October, 1920, Mrs. Bryce has been an invalid due to stroke of apoplexy. Her nurses testify that she makes as good a patient as she was a nurse. ADDRESS: 3308 North New Jersey Street, Indianapolis, Ind. ADDITIONAL INFORMATION: Two funds have been named for Mrs. Bryce. The Abbie Hunt Bryce Fund is a scholarship fund, established in January, 1922, by the Public Health Nursing Association. The Mother Bryce Fund is a loan fund established by the Indianapolis City Hospital Alumnae Association for the use of student nurses.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

Collaborators: Blanche Pfefferkorn, R.N., and Grace Watson, R.N.

SUMMARY OF CONFERENCES WITH SUGGESTIONS FOR HEAD NURSES¹

BY EFFIE J. TAYLOR, R.N.

Associate Superintendent, Johns Hopkins School for Nurses

1. As Administrative Officers.
2. To Patients.
3. To Doctors.
4. To Student Nurses.

Administration: 1. The Head Nurse is in charge of the Ward and administers it according to authority given her. This authority should be used wisely, with dignity and a keen sense of responsibility, but not autocratically.

2. All questions of administration not thoroughly understood should be referred to some authority in the Training School Office or to such place as she may be directed before making a decision or taking a stand.

3. Never discuss interviews which may be misunderstood or misconstrued which you have had with the Training School Office or other offices of administration. Remember in your ward you represent the authority which placed you there and as long as you are willing to hold the position you have accepted, it is your duty to uphold the administrative policies as outlined by those in higher authority and to show yourself to be a loyal representative. If, for any reason, you differ with these policies or cannot uphold them, make it your business to take up those things in conference with authorities concerned. Sometimes it is possible that the person having the closest contact with the situation can throw a new light on a situation and something better may be outlined through your observations.

4. The Head Nurse is responsible for all property belonging to the ward. She should see that everything in the ward is always in a state of repair and in condition to use. There are routine days for exchange and requests for repair. Daily inspection should be made that nothing be allowed to deteriorate beyond repair or exchange. Silver should be counted daily; dishes and kitchen utensils, counted weekly. An entire inventory should be taken once each month of all other apparatus and utensils in use on the ward.

A definite day and hour should be set aside for these things, and

¹ This discussion was begun in the June number of the *Journal*.

the head nurse should make these counts personally, taking different nurses with her that they may receive instruction.

Missing articles should be reported, not verbally, but on the proper form for the purpose or on the exchange or repair sheets.

5. The head nurse is responsible for the housekeeping on her ward and a dirty, untidy, poorly kept ward is a reflection on no one but the head nurse. Orderlies and maids are supplied to her, to work under her direction and it is her responsibility to see that they do their work well. It should not be necessary for the Supervisors to say "Your floors need attention." "Your windows are dirty and the woodwork above your doors is thick with dust." It may not always be possible owing to labor conditions to have everything done as well as one would desire, but an alert head nurse who understands her business will not leave the opportunity open for criticism and everyone will know it is not because she has not had a plan worked out, but for some other reason it has failed to be accomplished.

The head nurse should feel a personal responsibility towards the servants in her employ, and approval as well as disapproval of their work should be made a comment. The work should be daily outlined and inspected and constructive criticism should be made. Here a personal pride in things should be encouraged. No one will do good work if he feels it does not make any particular difference whether it is done or not.

Always plan to have some special thing done in addition to the regular work each day by both maids and orderlies and be sure to note whether or not it is done.

Do not expect your relief orderly or maid to make up for all the deficiencies of your regular maid or orderly and give your ward a regular house cleaning on their "day off."

Never send your newest people on all your errands and expect them to respond accurately and quickly. Remember the hospital is a big and complicated place to find locations in and it takes experience to get about.

Never reprove your maid or orderly for failing to do what you have neglected to make clear to them. Take the trouble to make them understand what your orders are and how you desire to have them carried out and make them feel it is of personal importance to you whether they do good work or bad. People, no matter in what sphere, desire to be considered of some importance.

6. The head nurse, not the senior nurse, is responsible for the ordering of all supplies for the ward. Nothing should be ordered that she does not know is required. For this reason, before making out the daily, weekly or monthly orders, the head nurse should know

whether she has the standard allowed or whether the articles desired are necessary. All articles desired over and above the standard allowed should be requisitioned on a special order form, described as "New" and some explanation for the use made. These articles should be added to the inventory in the Training School Office. These requisitions are made on the 28th day of each month.

All diet slips should be made out by the head nurse, and no orders be requested which are not necessary.

Special diet orders on public wards, such as cream, etc., must all be passed upon before going to the Dietary Department. These things are only allowed by a doctor's order for which there is a special reason which the head nurse can explain. There is a definite standard in ordering the daily food supplies per capita and the head nurse in ordering should not exceed this without a special order. See that you are provided with this information.

It is necessary to check up the supplies when they come to the ward so that all reports of things missing or in poor condition may be made intelligently from first-hand knowledge and not from reports after several hours have elapsed when no proof is forthcoming.

7. The head nurse should know how all supplies are used; it is not enough to order correctly. Correct distribution and apportionment are quite as important and belong to the department of administration which the head nurse represents. All supplies should be used for the purposes for which they are ordered and exceptional uses should receive individual attention. The head nurse should always know whether these supplies are used for the patients or by other persons for whom they are not ordered. Her own attitude in this particular will set the standard for her ward and what occurs on the ward in the use of supplies is a fair index of her ability to administrate.

All difficulties in orders or in the filling of orders or in exceptional situations should be adjusted between the *head nurse and the department concerned* and never passed over to *pupil nurses* for adjustment. Personal interviews, when possible, are more desirable than telephone conversations. State definitely only the situation of which you have proof and ask if it may be corrected.

The head nurse should supervise the serving of meals.

8. All hospital records belong to the department of administration and are therefore the head nurse's responsibility. They include everything from the admission slips of the patient to the clothes-books containing the record of the patient's clothes. For the proper recording and checking up of all these slips the head nurse, and not the pupil nurse, will be held responsible. It is not enough for the head

nurse to assume that because she is off duty, day or night, when a patient is admitted or discharged, that she is not responsible. Immediately on coming on duty, she should verify whatever has been done and all mistakes should be corrected at once when everyone engaged in the transaction is still available. She should know all about the patient's valuables and money and be sure they have been properly signed for and located in the place of safety provided by the hospital. All the books on the ward relative to administration must be kept by the head nurse, not by the pupil nurses.

9. The head nurse when possible should see the patient's relatives and friends and at once make them feel she is the person to whom they should go for information. She should remember in dealing with them that she represents the hospital and from her they largely gain their impressions and get their sense of confidence or otherwise. She should keep herself acquainted with all kinds of information necessary to make for a helpful spirit in the hospital administration. What she does not know she should take the trouble to find out, and never allow a question to be asked her a second time which she cannot answer. She should explain carefully the rules and regulations concerning visiting, etc., and not wait till these rules are broken and then reprove in a disagreeable manner what her foresight might have prevented.

She should not be one thing to one patient and his friends and another thing to another unless the serious condition of the patient or some exceptional circumstances connected with the patient makes a deviation from the general order desirable. Firmness without arbitrary rule will be understood and accepted in the majority of cases, but judgment must always be used and advice asked when situations likely to cause dissatisfaction arise. Never take a stand unless you are sure you are right. It is much better to wait and find out.

10. Consider the patient as an individual and not as a case or one of a group. When dealing with administrative questions, take the trouble to explain when personal requests cannot be granted. Listen to the complaints of the patients and take the trouble to find out if they have a foundation or if there is a logical reason for them. In making them a subject of investigation speak frankly to all concerned, but not in the spirit of reproof till you find out a reproof is what is necessary. Let the patient understand that all are working together to help get him well, but do not encourage discourteous criticism.

11. Keep yourself well informed concerning every patient on the ward. Get as much information as possible concerning the pa-

tient's history and social environment and you will know much more intelligently why things are done and how to deal with the situations which may arise. Show coöperation. Ask questions and make personal observations, but never discuss professional things non-professionally or thoughtlessly.

12. The head nurse's relationship to the Medical Staff should be one of coöperation, not *one of dictation*.

The head nurse is an administrative officer and must see that the necessary routine orders and regulations are obeyed. Usually if she is frank at the outset with the ward physician, so that he understands that she is the person held responsible, and if she goes over the things desired and asks for coöperation she is quite likely to get it, in a measure at least.

Frequent conferences and a working out together of schemes for the advantage of the ward work and ward routine will help a good deal in gaining coöperation. "Our Ward"-feeling, not "My Ward"-feeling is the spirit to encourage. Usually both internes and head nurses are young and full of enthusiasm and often both lack experience. When this fails, some appeal to the resident physician may help and failing this, higher authority should be sought rather than force disagreeable issues. The head nurse should in all such instances hold herself and position with dignity and any undue familiarity or unprofessional conduct will put her in an embarrassing position which will tend to lessen her authority as a ward administrator and will handicap her in her usefulness and in her success and at the same time will lower for her the personal respect in which it is desirable all nurses should be held by the medical profession as co-workers in the hospital.

13. The head nurse is a teacher. Perhaps her most important work in the ward is that which relates to the teaching of the student nurse. This is often forgotten and the relationship between the head nurse and the student nurse is that which exists between the "Boss" and the apprentice in a factory. In no case is this attitude the correct one. The head nurse is assigned to direct the nursing of the sick patients on her wards and the student nurses are assigned to her ward for instruction and teaching in nursing. To them she has a responsibility which no one else can assume, and whether or not they develop into good or poor nurses and whether or not the patients on the ward receive adequate nursing care depend on what type of instruction she gives them. What ideas or ideals they develop concerning nursing and ward administration are dependent almost entirely on what impressions they gain from the head nurse. To her the student nurses

look for standards. Class room instruction has its value, but ward instruction, when class room teaching is applied, has a greater value.

The head nurse is a remarkable person in the eyes of a probationer or Junior nurse. She is looked up to as the person who knows and who has been placed by the hospital in a responsible position and she should guard her position with jealous eyes lest she err in judgment or fall short of her duty, and it is a fortunate head nurse who retains the same respect when the student has become a Senior. In dealing with the student nurse, think of her as a "student," not as a person "sent to do the work," only. Treat her as an individual. Find out what she knows and supplement by instruction what she does not know, instead of finding fault with her for seeming ignorance. Lead her on from one thing to another and watch her development. Add to her responsibility. Create in her ideals for her work and be her example. On the other hand, uphold your dignity and do not err on the side of over familiarity. Expect the best always and do not accept work which is less. Be consistent in your teaching and live up to the ideals you stand for.

When the student nurse first comes to your ward, explain to her the work, not all at once, but step by step,—in other words, "instruct" her and "observe" her.

Introduce her to her patients and explain the nature of their illness and from time to time hold conferences individually or collectively with your nurses over the progress of the patients.

Do not report a nurse as inefficient unless you have carefully directed and taught her in detail, not once but many times,—and then if you find her incapable of understanding or unwilling to coöperate or try. Work with each nurse individually and do not expect more of her than was expected of you as a young nurse. Remember there was a time when you knew little or nothing and even now you have to be guided and directed and you frequently make careless mistakes which are quite comparable with the mistakes you report as unheard of and almost unforgivable in your student nurses. Rather try to think that perhaps your teaching has been at fault and go at it again from another point of view. Do not give up till your own resources are exhausted. One never wants to be considered a failure and we are all judged more or less by the results we get, and our ability to teach is judged by the kind of work our student nurses do, therefore, the reflection, when poor work is done, quite frequently, is on the teacher and not on the student.

14. As a head nurse, never be satisfied to leave a ward simply as you found it. At the close of your period of service leave some

contribution of your own by which the ward administration is better for your having been there.

Do not expect to revolutionize things. Keep an open mind,—willing to take advice. We can all learn from the experience of others, and there may be many details with which you are not familiar, so do not criticise those in authority unless you have constructive criticism to offer. Mere criticism is easy, helpful criticism is the evidence of ability.

Develop the spirit of loyalty and service without which a nurse is valueless either as a bed-side nurse, a public health nurse, a teacher or an administrative officer.

15. There are some every day routine things which it may be helpful to remember in order to facilitate the daily running of your ward:

(a) A careful, not a hurried assembly in the morning when the work of the night has been reviewed and directions and assignments for the day work given;

(b) Spend a few minutes with the night nurse and see the very critically ill patients with her;

(c) Instruct any new nurses on duty and introduce them to their work and their patients;

(d) Make out the hour slips for the day and post the nurses' work and medicines.

(e) Visit every patient on the ward. This does not take long, sometimes only a moment has to be spent with one, while longer with others. The nurses are now bathing and working over their patients and this is the opportune time to see the patients with their own nurses, to look at possible suspicious backs or other things that may be reported. Each day make a point of thoroughly inspecting a certain number, and it is a good time to give the nurse advice or to criticise her, whichever it may be, (not in the patient's presence, however). Nothing gives the patients more pleasure than this bed to bed morning visit by the head nurse. The nurse often gets information first hand in this way which otherwise she may get later after medical rounds in a most unhappy and unpleasant way.

(f) See your maid and orderly and spend a few minutes with them.

(g) If morning rounds happen to be scheduled, much of this work has to be very quickly done, unless you assign the conduct of rounds to your senior nurse. This you should frequently do, that time given to duties may not be merely perfunctory.

(h) Do the special work assigned for the day.

(i) Inspect supplies.

- (j) Arrange for a conference with the ward doctors.
- (k) Have conferences with your nurses.
- (l) Confer with your Senior nurse before going off duty. Outline the work you desire to have her supervise in your absence. Plan for any situations you know will arise. Give her instructions about the orderly and maid. Tell her about the classes for which she must plan relief.
- (m) On returning, check up everything outlined and hold a conference on the way emergencies have been met during your absence. Correct mistakes. See your maid and orderly and inspect their work.
- (n) Prepare for the work of the night. Post all orders, etc. See all the ill patients and inspect the work of the nurses as they prepare them for the night. Inspect all supplies for the night and interview the nurse who takes over the ward.

REDUCTION OF ILLNESS AMONG STUDENT NURSES

A study of illness of student nurses at the Presbyterian Hospital of Chicago, gave the following results: The diseases which caused the greatest loss of time during one and a half years are, in the order of their importance: Tonsillitis, Scarlet Fever, Influenza, and Arthritis. Influenza was present only during two months when it was epidemic. Following preventive measures against throat infections among the nurses, there was a reduction of 58 per cent in the time loss due to tonsillitis; 78 per cent in the time loss in scarlet fever; and 91 per cent in the time loss due to arthritis.

The following measures were employed: (1) Complete physical examination of nurses at the beginning, instead of at the end, of their probation; (2) early isolation. Nurses were urged to report sickness as soon as possible, and every nurse with a sore throat was isolated as early as possible whether or not she had a rash; (3) Removal from hospital for a time following recovery. Nurses were sent home before being allowed to return to duty; (4) Tonsillectomy in those individuals having repeated attacks of tonsillitis, and especially in those who also had arthritis.

GEO. F. DICK in *Nation's Health*.

MESSAGE OF PRESIDENT EPITACIO PESSOA TO ELEVENTH CONGRESS OF BRAZIL

The following excerpt is of special interest because it is the first time to our knowledge that nursing or nursing education has been mentioned in a Presidential message. The Division of Tuberculosis, recently organized, is already working regularly and showing continuous development. Tuberculosis is a problem of tremendous importance in our country, especially in Rio Janeiro, where the disease shows a very high death rate. We are only at the beginning of such work, as the city needs immediately 1,000 beds for the tuberculous. In close connection with the prevention of tuberculosis is a public health nursing service, which is now being organized in the Department of Health. The lack of well-trained nurses in our country is a serious hindrance in the treatment of the sick, both institutional and private. To fill this great need the government has decided to establish a Training School for Nurses. This will represent an important advancement for the sanitary administration and at the same time a wider field for the efficient activity of the women of Brazil.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR
Director, Bureau of Nursing, American Red Cross

"HEALTH COURSES" AS TEMPORARY MEASURES

WHILE the American Red Cross regards the Schools of Nursing which it has been instrumental in organizing in various European countries as the true foundation upon which the public health nursing work in these countries must ultimately rest, it has been obliged to organize short courses for the preparation of health workers as a temporary expedient in the countries where it has been operating.

The purpose of these schools has been to provide not only intelligent assistants to the American Red Cross nurses who have been engaged in the development and operation of Child Health Stations for the past year and one-half, but to provide a personnel for the possible direction of these stations upon the withdrawal of the Red Cross nurses on July first. The utilization of these workers as Directors of Health Stations has been a matter of serious and anxious concern to the American nurses.

Inasmuch as the present Child Health programme of the American Red Cross in Poland and other countries has been formulated with the intention of utilizing to the fullest extent native personnel, and because of the almost total lack of properly qualified graduate nurses, it has been necessary to create a group of people who might assist with the programme in the various capacities. There have been two methods of obtaining this personnel: 1. By training individuals in the stations by the nurses in charge; 2. By gathering together a group at a central point and giving a general course in both practical and theoretical work. For obvious reasons the latter seemed the more practical plan. The nurses have borne in mind that no attempt has been made to make nurses of this group. They were prepared with the intention of meeting an emergency situation and of covering the interval until a group of qualified graduate nurses was available.

Four courses have been organized under the auspices of the Red Cross—at Krakow, Posen, Prague and Dorpat in Latvia, while a similar course under the auspices of the Child Welfare Association of Serbia was opened last February at Bajina Basta, Serbia. Those who complete the course will be granted a standing of "Lower Civil Servants" by the Ministry of Public Health. To the American nurses this term may sound like a classification as domestic servants. This

is not the case, however, as these young women will be recognized as qualified to act as assistants to those who are more highly trained. They are being recruited largely from the young women now employed as assistants at the American Health Centers.

The course at Krakow was the first one organized and included limited instruction in Anatomy, Physiology, Hygiene, Bacteriology, Infant Feeding, Nursing Care of Infants, some instruction in First Aid, in elementary nursing procedures, some special instruction in organization, preparation of reports, relation to other organizations, instruction in pre-natal care of mothers, visiting nursing and special instruction in social service. Discussions were held on topics in relation to the daily work, such as relation of health workers to physician and nurse, general questions of sanitation, housing, food habits, etc. The practical work was obtained during the last two months of the course in special health centers in the immediate vicinity. At the termination of the experience at the close of the first course the period was extended to six months.

Immediately upon the completion of the course the students were assigned to the various Red Cross health stations to work under the supervision of the American Red Cross nurses. To attempt to describe in detail the type of work which is done in the various health centers is to enter upon too large a subject to be covered in a discussion of the course itself. In all countries, with the exception of the Baltic States, where these courses have been started, modern schools of nursing have been organized and are now in full operation. The one at Belgrade, however, is not under American Red Cross auspices. This was developed in co-operation between the League of Red Cross Societies and the Serbian Child Welfare Association and local groups. An English nurse was secured to direct the school.

With the termination of the Red Cross programme, directed mainly toward the improvement of the health of children, the various health centers have been transferred to the local committees and wherever native graduate nurses could be secured they have been placed in charge of the nursing activities. For example, in Czecho-Slovakia, twenty graduates of the State School of Nursing, known in that country as "diplomatized nurses," have been put in charge. This is a monumental accomplishment in view of the fact that a year ago hardly a graduate nurse was available for this service. It will be recalled that these nurses are graduates of the school in Prague which has been reorganized and directed by Marion Parsons, under the auspices of the American and Czecho-Slovakian Red Cross.

In many of the health stations, in Poland particularly, where a great dearth of qualified native nurses exists, women who have com-

pleted the course at Krakow have been placed in charge. This will also be necessary in Serbia and in the Baltic States, although the Baltic States seem to be better off for nursing personnel than some of the other countries. A public health course for graduate nurses has been developed at Tartu, Estonia, and is now under the direction of Mrs. Elisabeth Vaughan, assistant to Helen Scott Hay, who gives the following report:

When plans for the establishment of this course had been decided upon by those participating, it was understood that the work would start not later than April 1. Through some misunderstanding there was a delay in the selection of nurses in Estonia and for that reason they were unable to report in Tartu at the appointed time. The lectures by members of the University Medical Faculty were therefore continued until June 1. The nine nurses from Latvia and two from Nevne arrived on April 1, and while waiting for the others were given from three to four classes a day in History and Fundamental Principles in Public Health Nursing. The formal opening of the course was held on April 9 in the University Building. Students and instructors were all present. Professor Konik, Dean of the Medical Faculty, gave a brief description of the course and its aim. Representatives of the Estonian and American Red Crosses also spoke of the opportunities and future possibilities of Public Health Nurses. Because of the limited time it will be necessary to carry a five to six hour daily schedule of the class work. Instruction in Public Health Nursing and Social Welfare work deals principally with the practical work. Visits for observation under supervision will be made to orphan asylums, venereal disease and tuberculosis dispensaries, schools and general ambulatoria. Plans are also being considered for some actual field work in connection with the American Red Cross Health Centers. It is hoped that after May 15, this can be started to some extent. Due to the large number of the students, it may be necessary to utilize the centers in their respective home cities. Such an arrangement would make it possible to give each nurse from seven to ten days of work in home care and home visiting, following their instruction received in Tartu.

TO THE MEMORY OF HENRY P. DAVISON

TRIBUTE was paid to the life work and example of the late Henry P. Davison, Chairman of the War Council of the American Red Cross during the World War, by a special memorial service held in the Assembly Hall of National Headquarters on Sunday afternoon, May 28. Judge John Barton Payne presided. Dr. Stockton Axson, National Secretary of the Red Cross during Mr. Davison's administration, delivered the eulogy. Rev. James E. Freeman, rector of the Church of the Epiphany, Washington, read the Scriptural lesson and offered prayer, and the benediction was pronounced by Dr. Thomas E. Green, of the Red Cross. The United States Marine Band furnished the musical numbers.

The heroes and martyrs of the World War are not to be found solely upon the rosters of the Army, the Navy and the Air services

of our Republic. Our own nurses, to the number of 282 gave up their lives in the line of duty. Red Cross workers have persisted in their labors in the face of plague, pestilence and famine, eventually sacrificing their own lives in the cause of the peoples whom they served. No less a martyr on the altar of humanity was the man who throughout the stress and strain of the greatest war in history bore the brunt of the responsibility of succoring millions of the military and civilian populations of the Allied nations.

Altogether the American Red Cross has spent, in European relief during the eight years of its operations overseas, \$400,000,000. Such prodigality of generosity has not only raised the standards of living and supplied the needs of millions, but has actually saved the lives of uncounted legions, while in the less progressive countries of the Old World nursing education has risen to new levels and the public health nurse has introduced a new conception of community and personal hygiene.

Henry P. Davison, with far-seeing vision and colossal courage and energy, was the chief inspiration behind this most monumental benevolence. To bring about its achievement he laid down his life no less certainly, while still in his prime, than those who fell pierced by German bullets or mowed down by the machine guns of the enemy. His work survives in actual finished fact as well as in the grateful memories of two hemispheres.

ITEMS

THE nurses in the Red Cross Nursing Service will be interested to hear that Florence M. Johnson, for the past five years Director of the Nursing Service of the Atlantic Division, sailed for Europe on May 13 for a rest and vacation to which she is justly entitled. Miss Johnson's indefatigable labors in behalf of the nurses of this country will never be forgotten by those who were cheered on their way as they embarked for service overseas, or who remember with gratitude her cordial welcome at the pier upon their return. Her voice was usually the last to bid them farewell and the first to greet them as the ships cleared for France and made their home port again.

HELEN SCOTT HAY COMES HOME

HELEN SCOTT HAY, Director of the American Red Cross Nursing Service in Europe, returned to America the latter part of May. While Miss Hay had expected to return within a few months, her decision was hastened by the news of her family's need of her. This is Miss Hay's first return to this country since her departure in 1918 when she was assigned to Europe as Chief Nurse of the Balkan Commission, American Red Cross.

FOREIGN DEPARTMENT

LAVINIA L. DOCK, R.N., DEPARTMENT EDITOR

THE LARGEST CHILDREN'S HOSPITAL IN THE WORLD

BY ELIZABETH KNOWLTON

THE largest children's hospital that exists in the world today is not located in New York, or London, or even on the continent of Europe. It stands far away from the main centers of population, in the little war-torn country of Armenia.

On a broad plateau 5,000 feet high, near the foot of snowy Mt. Ararat, lies the town of Alexandropol, and in its outskirts the Near East Relief maintains a city of orphans. This American organization which gives food, clothes, medical aid, and help in reconstruction to the destitute peoples of the Near East, is supporting altogether over a hundred thousand youngsters, who without it would die of starvation. Of these, some twenty thousand are housed in the gray stone buildings, formerly Russian barracks, which cluster on the bare plain outside Alexandropol. Here forty buildings, accommodating six thousand, are set apart as a hospital, the largest children's hospital in the world, to care for the child victims of trachoma.

Trachoma, that virulent eye disease, "as old as the Nile," has always existed in the Near East. The dust and flies of the hot, dry countries have spread it, and there has been no knowledge of sanitation to check it. The native treatments consist of tying bright colored beads to the hair, rubbing the affected eyes with a sacred stone, or other procedure equally unscientific and less pleasant.

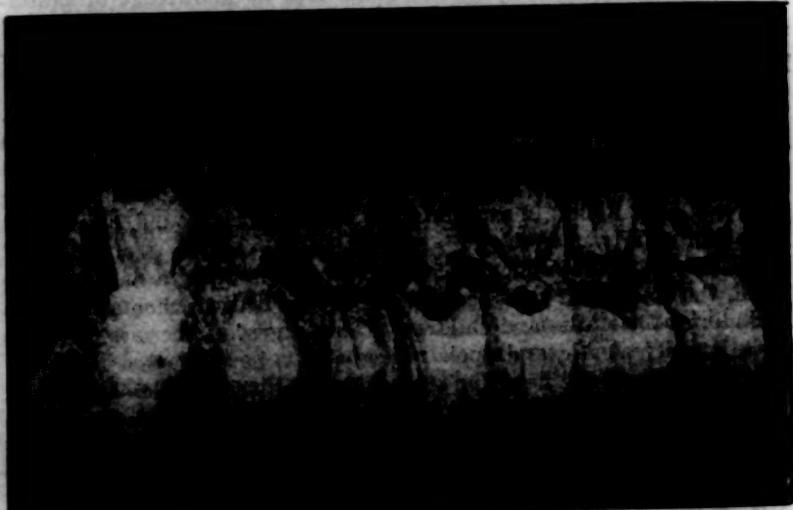
During the last few years, the refugee life of most of the people, with its overcrowding in caves and tents and rude shelters, and its weakening of resistance by undernourishment, has made this disease almost universal. Dr. R. T. Uhls, an American eye specialist under the Near East Relief, in examining 30,000 refugees, found 90 per cent suffering with trachoma.

To prevent the Armenia of the future from being a nation of the blind, the Near East Relief maintains everywhere trachoma hospitals and clinics for adults and children. The largest of these is the huge isolation city at Alexandropol.

Deciding on the need for such a hospital was simple,—getting it ready for occupancy was quite another matter. There stood the forty stone buildings, given by the Armenian government; with strong solid walls, but with leaking roofs and not a door or window or bit of woodwork left intact. Near by was the town of Alexandropol, full of starving refugees, able to supply an infinite amount of labor,

but almost nothing in the way of materials. To get things into condition in Armenia was not a question, as it would be in America, of stepping to the telephone and ordering so many doors and window frames, so many mattresses and blankets. But soon 400 refugees under American supervision were at work repairing the buildings. Very ingenious they showed themselves at making something out of nothing, straightening pieces of bent tin for roofing, improvising window catches out of lengths of wire; and one by one the buildings were made ready. To prepare the 3,000 mattresses, 10,000 sheets, and other equipment necessary for the first group of 3,000,—a women's industrial shop was started. There was no trouble finding workers. The woman who went to open it writes: "When I got off my horse I was nearly torn to bits. The women threw themselves on their knees, clutched at my skirts, kissed my hands, and with tears rolling down their cheeks, begged for work."

Other needs of large-scale communal life were supplied by the installation of a central bath, a central bakery, and a central dining room. This last feeds relays of a thousand children at a time, with neatness and dispatch, and is graphically described as "the Armenian Childs." The menu is simple, but has proved itself adjusted to keeping the youngsters in fat and rosy health. The main articles of diet are cocoa and bread, supplemented by corn grits, rice, vegetables, and oil, with meat three times a week and a little sugar.



TURKISH AND ARMENIAN NURSES AT "SHVARTZKY POST," THE TRACHOMA HOSPITAL
AT ALEXANDROPOUL

Under the superintendence of American trained nurses, the nursing force is made up of Russian and Armenian Sisters. These nationalities, it is reported, make very good nurses, deft, clever, and eager to work. There is an immense amount to be done, for the children are given treatments anywhere from once a day to once an hour, and frequently operations are also necessary. These are not the dreaded events to the youngsters that might be expected, so fascinated are they with looking at the many bright instruments of the operating room, and receiving the undivided attention of the doctors and nurses. In fact, one small boy burst into loud sobs on being told that he would not need an operation!

The treatment generally adopted consists of irrigating the eyes with a weak solution of potassium permanganate. Then copper sulphate, silver nitrate, protagol, or argyrol, etc., is used, as the case may require. The children have their own nick-names for the different treatments. "Are they putting 'stone' on your eyes?" one small boy compares notes with another. "They're rubbing mine with 'wood'."

Only about two hundred of the children, the most serious and the surgical cases, are kept in bed. The others live the normal life of all the orphanage children, with school work of sorts that they can do with dimmed eyesight, and industrial work, sewing, weaving, carpentering, and shoemaking. This spring, under the instruction of an American agricultural expert, they are helping on a truck farm with which it is hoped to supply with vegetables all the twenty thousand children at Alexandropol. There is also plenty of time for play. When the children are first rescued, they seem to have forgotten how, and stand around, silent and pathetic, but a few weeks of healthy, happy life help them to forget, and soon they join eagerly in the native and American games and dances.

So life at the trachoma hospital goes on, not at all drearily. It is hoped that eventually most of the little patients will be cured. Every month sees a few discharged, but with the present method of treatment a cure sometimes takes as long as two years, and this disease cannot be attacked scientifically, through its fundamental causes, for they are not yet known. "Send to these suffering children," begs the eye specialist in charge of the hospital, "a research worker with the power to discover the cause of trachoma."

WHAT SHE COULD BE

Two tots were recently overheard discussing their plans for the future. "What are you going to be when you get big?" asked one.
"Well, I am not going to be married and I am not going to be an old maid," was the reply.
"You will have to be one or the other," said the first.
"I won't either," was the rejoinder. "I guess I can be a nurse."

DEPARTMENT OF PUBLIC HEALTH NURSING

A. M. CARE, R.N., DEPARTMENT EDITOR

National Organization for Public Health Nursing

HUMANIZED SOCIAL SERVICE IN VENEREAL DISEASE CONTROL

BY WALTER M. BRUNET, M.D.

ANY advance in human progress will show upon a hasty examination that it is not a smooth, even stream, but that it moves onward in fits and starts which are dependent upon new methods and discoveries. The goal reached in medicine today was not the logical sequence of conditions existing during the fifteenth, sixteenth or seventeenth centuries, and no one, unless he were endowed with prophetic vision, could have predicted the progress of modern medicine as we understand it today. With the many new discoveries medicine has entered upon a new epoch, and we have left behind the empiricism of the middle ages for the science of the twentieth century.

Every bodily ailment has its social, physiologic, and psychologic background, a fact that nurses, physicians and health administrators generally are likely to pass over while laboring under the mistaken idea that they must concentrate on their particular subject in order that the scientific point of view be kept constantly in mind. A great many doctors and nurses who carry on their activities in a fine way are helpless when questions regarding venereal disease are put to them. They have a vague idea themselves what social hygiene means but they are unable to impart this information to others. Few physicians and nurses have fully recognized the opportunities for rendering their communities a real service in the fundamentals of social hygiene and venereal disease control.

The nurses and physicians, because of their scientific training, are peculiarly fitted to carry on such constructive and fundamental activities that it is their privilege, should be their duty, to see to it that community education is not merely a matter of emotion and sentiment, but that it is a scientific study of the biology and psychology of sex problems, and they then should fit themselves by study and training to be able to solve the sex problems of those with whom they come in contact. They should be able to impart this knowledge to parents so that they can solve their own difficulties first and then they may impart to the child this necessary part of his training. No doubt some one will want to know what relation the question of gonorrhea and syphilis has to social hygiene or sex education. Sex education is something apart from the question of venereal diseases, but it has

this in common with them, that a proper understanding of sex and a knowledge of how to meet these problems as they arise have their effect in reducing the incidence of gonorrhea and syphilis. The ability to solve complex problems of sex as they arise in the course of the nurses' health activities is a human privilege which is made possible by professional training, relation and opportunity.

Few, if any, diseases have received more attention and are as completely understood as are the venereal diseases. Much of the knowledge necessary to eliminate them is at hand. Yet they are notoriously uncontrolled. Syphilis is called the greatest killing disease, while gonorrhea is conceded to be from three to five times as prevalent as syphilis. While there is hardly any question but the rate of gonorrhea among us today is much below the figure quoted when the first attempt was made to measure the venereal disease prevalence, the most conservative figures still place it sufficiently high to give it prominence among the communicable diseases. The compilation of accurate vital statistics on the prevalence of gonorrhea and syphilis, which has always been considered a secret and shameful thing, is in its infancy. We have consequently in the statistics only an index to prevalence. Up to the time of the World War the opportunity for physicians to examine a large number of men had never presented itself. For the first time, when thousands of men were called to the colors this longed-for occasion came and our knowledge of the whole subject greatly increased and a more satisfactory and comprehensive basis was secured for the establishment of a practical plan for the control of these diseases. In controlling gonorrhea and syphilis we are compelled to recognize, dislike it as we may, that new social demands are being made upon the nursing and medical profession throughout the world. To ignore these demands and protest against them is to challenge lay groups to take into their own hands the re-organization and control of medical service. There are many doctors and nurses who are so oblivious of the real state of affairs that they accept, without question, that the effects of gonorrhea and syphilis have been greatly exaggerated, and that the number who are without, or have indifferent, medical care is negligible.

Davis, in the report of the Cleveland survey says:

The great emergencies which strike the life in the average family are sickness, accident, and unemployment. Sickness and accident both affect the physical welfare of the body, varying from the most trivial illness to the greatest emergency. The resources for dealing with sickness and accident vary accordingly, from the application of the simplest home remedies to the tense dramas of the operating table.

Health and wholesomeness cannot spring from the mere chance

mixture of unwholesome ailments, but we must consider all the conditions of community life,—physical, emotional, economic, aesthetic, ethical and religious. Social service in its broadest terms is the scientific application of all our experience and knowledge, and at times when we have no basis except a guess upon which to place our theories, even a guess may be of value. In no field of endeavor is social service so necessary as in the control of venereal disease, and the nurse in assisting in the solution of these problems must be inspired with idealism and great principles, for in many instances the nurse gets closer to the patient than does the physician. She will need then to be four-square, and must not only be educated herself, but she must be able to diffuse this knowledge to her patients, associates, and to physicians who have failed to grasp the true meaning of social service. Out of such a broad opportunity will come a new social order, human interests will be cemented, superstition and ignorance will be overcome, and a future of public comprehension and response will be assured.

To accomplish all of this the nurse will need more time for mental leisure to study, to think, and to pray; more conservation of will-power to gather strength and energy for meeting the serious needs of life. After all is said and done, the physician can diagnose and treat the disease, but the coördination of treatment of the disease and treatment of the patient must go hand in hand and the nurse is the logical person to humanize the social service.

EXPERIENCE, THAT DEAR TEACHER

BY LUZILLA M. ERON

THE little country school was up a limestone hill, and the little coupe had to almost climb stairs to reach it, but it was necessary to risk the tires because a case of diphtheria had appeared among the pupils. Throat swabs were taken from all the twenty-one pupils, and five of them (having had diphtheria during the previous winter) turned out to be carriers. Two little boys in one tenant-farmer's home were among the number. The health officer and the local doctor urged immunization by anti-toxin, but the father could not understand. "No," he finally decided, "I ain't a-goin' to have no see-rum of no kind shot into my chaps. They ain't sick and it ain't sensible to make them sick." The mother also said she "didn't believe in no such." So the boys were excluded from school. The other three carriers were immunized, after much explanation and argument, and the little school was not closed. The country doctor who tried so faithfully to assist the health officer and the nurse in preventing disease was rather hurt that the family for which he had done much unre-

munerated work should not accept his recommendation that the boys be made safe from diphtheria, but he had learned that ignorance is sometimes impossible to combat. The little boys were out of school, and they rather fancied that, while the parents thought it most unreasonable to keep them out when they were not sick. "They wasn't no more exposed to diphthery than the other chaps was," was their argument. "That there health officer is curious. They ain't no sense to such doin's."

About ten days later a sad and red-eyed man, leading two forlorn little boys, came sheepishly to the office of the local doctor. "Doc," said he, "my baby hit died last night. Hit died afore we rightly knew hit was much sick. Hit choked to death, Doc, and we air sure hit had diphthery. I reckon that health officer knew what he was talkin' about when he said these two boys was carriers. Please, Doc, fix my boys so they won't take diphthery. We done lost one of our children and we don't want to lose no more. Doc, we ain't got much education, but me an' my wife air a-learnin' from experience. But hit's a dear teacher, Doc, hit's a dear teacher."

ITEMS

THE National Health Council has issued its sixth report on Federal Health Activities. This latest report on The Health Section of the U. S. Bureau of Indian Affairs is of perhaps special interest. A brief account is given of the history and development of the Bureau which was established in the War Department in 1824, and in 1849 transferred to the Department of the Interior. No organized effort, however, to deal with the health of the Indians was made until 1873, when a division of medicine and education was established. This division was later discontinued and not revised until 1909. Recent statistics show that the Indian race, which a few years ago was believed to be dying is now a living race. The annual birth rate exceeds the annual death rate and individuals live out the normal expectancy of life. The first hospital for Indians was established in 1882; there are now 73. Among the present personnel of the Health Section, we note six traveling nurses and 100 Agency and School nurses. Six Field Dentists are also attached to the Section, together with 91 Field Matrons.

THE Vocational Department of the N. O. P. H. N. now re-established, has prepared a small poster for the Bulletin Board of Training Schools, and Nurses' Clubs. Numbers have already been sent out and the N. O. P. H. N. will be glad to have requests for these posters.

CAN YOU ANSWER THESE RECENT STATE BOARD QUESTIONS?

Outline a day's dietary for a child four years of age. In what ways may private duty nurses act as educators? What is the difference between a trade and a profession?

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPARD GILMAN, R.N., DEPARTMENT EDITOR

HOW ARE HOSPITALS TO MEET THE OBLIGATIONS WHICH THE NEWER STANDARDS OF NURSING EDUCATION DEMAND?¹

THIS subject is one of vital interest to us all, hospitals, boards, superintendents, principals of schools of nursing, the public and the student nurse. We are all concerned with the readjustments which must take place in order to bring about the result to which we are looking forward in relation to the better educational opportunities for the student nurse and the more intelligent care of the sick, both in the hospital and in the community at large.

"How are hospitals going to meet the obligations which the new standards of nursing education demand?" We are all asking this question. I am not prepared to hold out the solution but simply to state conditions as they exist, in the hope that the discussion of this paper will open new avenues of possibilities toward the solution of our problem. To begin with we must speak of our hospitals dividing them into four classes: (1) The state institution, (2) The municipal hospital, (3) The hospital supported and governed by a board of philanthropic citizens, (4) The privately owned or one-man hospital.

I have not mentioned the university hospital because it may be included under the above headings. Hospitals were all organized for the express purpose of relieving the sick of the community which has been more or less of a municipal responsibility and an individual philanthropy as far back as we can remember. Hospitals have been established for the poor, the indigent and the ill through centuries and it is only very lately that the community at large has accepted these institutions as preferable to their own homes in time of illness and has paid for hospital service. Consequently, these institutions have been in the past largely provided for by city and state appropriations which have been as meagre as possible. Such an arrangement has, of course, discouraged and in fact prohibited the expenditure of any funds, other than those necessary for the bare maintenance of the inmates. These institutions were consequently the victims of poor administration, political graft, and moral squalor. During the period up to about 1874, we hear of few hospitals being maintained by groups of individuals, or the so-called one-man hospital. They were

¹ Paper presented at a round table of the American Nurses' Association, Seattle, June 27.

shunned by the laity and no one was willing to enter them. Even medical science had little or no effect upon the filth and irregularities which existed.

About this time Miss Nightingale was trying the new system of nursing in England and some of our citizens who felt keenly the condition of things in this country succeeded in starting schools in some of our hospitals under the new method of teaching. The institutions became different places, the sick were given better care, less infection prevailed and the public began to be interested in the results which were being achieved. A different class of women went into nursing, there being few professions open to them at that time. These women found conditions far from ideal, long hours, all kinds of heavy work, small financial return and limited instruction (this given always at night after the long day's work upon the wards). These women were unselfish in their devotion in creating a better condition of things and giving an intelligent care to the sick.

After a few years public opinion began to change regarding the hospital and very rapidly all over the country these institutions began to multiply. In many instances this led to exploitation of both the hospital and of nursing by ambitious members of the medical profession and the laity. Hospitals were organized and training schools started to nurse the patients of the individual doctors or the group of doctors, thus enabling the doctors to collect not only their fees but those for the hospital care as well. Sometimes these patients were on general care and at other times were specialed by the student nurses at a charge of \$14 to \$20 per week and usually their board was charged for besides. By thus maintaining these so-called training schools, the owners were able to get a large percentage of the housework and nursing care done by young women for from \$5 to \$7 per month and a fragmentary lecture by a doctor occasionally after seven o'clock at night.

So the training school for nurses became a commercialized institution by the laity and the medical profession and in fact our well meaning philanthropists who have been on hospital boards for years have considered the student nurse just a part of the hospital equipment. She has paid off more hospital deficits by her unselfish, faithful hours of laborious work than any members of hospital boards who have considered themselves the philanthropists.

For some years now the building of beautiful hospitals has been quite the fad and in planning for the maintenance cost, no thought has been given to providing a nursing service, to say nothing of a school, an educational institution; it has just been taken for granted that the nurses would do everything in exchange for maintenance and

a diploma even though the so-called course offered little in the way of instruction.

Until 1902 there were no laws controlling this practice of nursing. The nurse, the better bred, better educated type of woman had made the public feel her worth and as there are always those who profiteer on the reputation of others, nursing was exploited, there being no laws to prevent it. Consequently the short-term school, the correspondence school and the one-man hospital sprang up, exploiting not only the student nurse who wished to be a trained nurse, but the public, by turning out ill-prepared and incompetent women under the same title that the recognized school had adopted. The number of such women has increased rapidly, due to the great difficulty the nursing profession has had in getting proper laws passed to control the practice and I regret to say that in many instances the public have not helped us, although such laws protect the laity against the products from the commercial school and enable them to procure a registered nurse as they procure a registered physician. With this brief background of the modern history of nursing in its connection with hospitals in this country we can better appreciate conditions as they exist today.

Let us go back to the organization of hospitals again. The state and municipal hospitals are still in the appropriation class, they not only have this handicap, but are also the victims of political control and so are often administered by men who have little knowledge of how to run a hospital and no appreciation of intelligent nursing care. Some are hopelessly inefficient while others are controlled entirely by politics. In some of our state institutions, the nurses are considered in the same class with the employees, living in their quarters, having their meals in their dining rooms, taking part in their entertainments and, in one instance that I know of personally, their training included waiting on the doctors' tables and doing their chamber work; their training outside of the nursing classes being entirely controlled by physicians who had little knowledge of nursing procedure and the so-called superintendent of nurses having nothing whatsoever to do with her students on the wards or in their arrangement of duties.

In the hospitals controlled and directed by a board of trustees composed of interested citizens, nursing education has progressed more rapidly. Here we find a non-political organization, endowments of considerable proportions and always a few medical men interested in the development of the nurse. Here, in most instances, the best schools have been maintained and advances made in broadening the field of professional education.

(To be continued)

STUDENT NURSES' PAGE

(This page will be reserved for the very best of the contributions sent by student nurses.)

A CESAREAN SECTION IN A HOME

By a Student Nurse, St. Elizabeth's Hospital, Youngstown, Ohio

IT WAS early in the afternoon of a cold March day, when Sister Principal of School called me from my duties in the obstetrical department of St. Elizabeth's Hospital. Doctor R. was going to perform a cesarean section in a country home and had offered to take a senior nurse, who would note procedures, and report for the benefit of the training school.

At one thirty we were ready for what I supposed was a drive of four or five miles, but which proved to be thirty-eight. Doctor R. carried a large bag with sterilized instruments, gowns, etc. After driving thirty-four miles we were forced to continue in a surrey, and arrived at the home of Mrs. Johnson at five o'clock.

The district nurse and the family physician were there to meet us. The first thing I noticed were two tea-kettles filled with sterile water, spouts plugged with cotton. The dining-room table was extended full length, the two center leaves being left out. A long, narrow pad was placed length-wise on the table covered with a white sheet, the pad protected with a rubber sheet. This was for the patient, the open spaces for the doctor and the assistant. The curtains, shades, and furniture were removed from the room.

We supposed Miss S. would scrub for the operation, but she asked me to do so, stating that she would "hike" and look after the baby. The indication for the operation was a contracted pelvis, the patient having been in labor for twenty-four hours. We scrubbed up in the pantry, using two white washbowls for the purpose, and another containing a solution of 1:2000 bichloride of mercury.

The patient was carried into the room, the anesthetic given. I used a square kitchen table for the instruments and other sterile supplies. A small sterile granite pan was used for hot sponges. With the abdomen prepared, the sterile field laid, the operation began. It seemed about a second after the incision was made that I saw Doctor R. hold up the baby and call for Miss S. to come and see what she could do to resuscitate it.

The baby was taken into another room. We heard no more until closure was being made, when Miss S. stated the baby was dead. No one thought of lights until Miss S. produced a flashlight, by the aid of which closure was made.

The operation completed, the patient was carried back to bed,

the foot of which was elevated, a large box used for the purpose. I gathered our instruments and all our material and placed them in the large bag to be later cared for at the hospital.

As the night nurse had arrived, we all went to the home of a neighbor for supper, where we enjoyed a well cooked meal served in country style.

After supper we went back to the Johnson home. The patient's condition was good. We then started back to the hospital and arrived at eleven o'clock. I went to the operating room to finish my part of the work. This completed, I was glad to retire after an interesting and eventful day.

GOLD AND BLUE STARS

The National Victory Building, planned by the George Washington Memorial Association, is to be erected on a site donated by Congress in Washington. The Memorial is designed to meet the need of our national capital for a great auditorium where inaugural receptions and national and international conventions can be held. Smaller halls, for which there is constant need, are to be planned for and rooms are to be provided for the preservation of relics of all the nation's struggles for liberty. The building will be a true memorial of the World War, as it is planned to place on walls or ceiling a gold or a silver star for every man or woman who served. A plan of the star-studded walls and ceilings will be available and powerful glasses will enable visitors to locate the stars having special interest for them. People throughout the country are being given an opportunity to contribute \$100 for a gold star and \$5.00 for a blue one. Headquarters of the Memorial Association are at 1700 Eye Street, Washington, D. C.

MEMORIAL TO CANADIAN NURSING SISTERS

Canadian nurses living in the United States will be interested to learn that the nurses of Canada have undertaken to place at Ottawa a memorial to the Canadian nurses who died while on military service in the great war. The project was discussed freely at the last annual meeting of the Canadian National Association of Trained Nurses, and, while there were many opinions as to the form which the memorial should take, all were agreed that some permanent witness to their heroic sacrifices should be erected. The official record of the losses of Canadian Nursing Sisters is as follows: In the Canadian Army Medical Corps: Fourteen killed by enemy action in France, two died of wounds in France, eighteen died of disease overseas, fifteen drowned by enemy action at sea, seven died on home service. Canadian nurses attached to the American Army Nurse Corps: Six died on active service abroad, six died on active service at home. Practical difficulties in the way of educational memorials, as well as the feeling that at the national capital there should be a visible tribute to the heroism of these women, brought about the decision to place there "a permanent structure." Permission has been obtained to erect the memorial on federal ground in Ottawa. The form which the memorial will take will be definitely decided upon at the annual meeting of the National Association, June 19-22, at Edmonton, Alta. Designs are being submitted by artists and sculptors.

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer to insure publication.

CHINA'S NEEDS

DEAR EDITOR: There is a great deal of smallpox and of trachoma here. Seventy per cent of the pupils in one school are said to have the latter. Nursing and public health work are crying needs of China.

Shanghai

E. F. C.

"THE NURSE LIKE THAT"

DEAR EDITOR: B. M. I. asks that a learned psychologist explain the "complex" which is responsible for the production of "a nurse like that." "Complex" is right, but it would take individual analysis to uncover the conflict in each case. Quite recently I was associated with a doctor who owns a small hospital and who never employs a graduate or registered nurse if the patient can be induced to put up with the untrained one. He will put an untrained nurse on a case and charge graduate nurse's fees. He has, however, a few good practical nurses. I couldn't understand his attitude toward graduate nurses until I learned that he had been at one time in love with a nurse who is now a successful superintendent. I then recalled that he told me she was an excellent girl, but "too strict" and "too particular." I do not claim to be a learned psychologist, but to me the reason for this man's conduct is clear and in every case a cause could be found.

Florida

Q. A. B.

AN APPEAL FOR CHRISTIAN WORKERS

DEAR EDITOR: I have read with interest the discussions relative to church and Sunday School attendance. I am a private duty nurse living in a town where we have twenty-four hour duty. Only in the most critical cases do we have two nurses on one case. Yet I rarely find it impossible to attend at least one service each week. Surely anyone who is sufficiently interested will find time to go to church. I cannot agree with O. H. B. on "rather reading Drummond's 'Greatest Thing in the World' than go to public worship." I have a deep appreciation for all good literature, but I would rather go to the house of God, sharing the spirit of worship, feeling the strengthening influence, recognizing that the gospel has to do with all that vitally affects human life, thus bringing us into the realization of the presence of God, day by day, in all the affairs of life. When H. L. C. made the statement that "any organization that rejects Jesus Christ cannot prosper" she was not presuming, as O. H. B. tells us. Now I am aware that there is no organization taken as a whole, doing more to alleviate suffering than the nurses; but we are not doing what we would be capable of doing if we were all Christian women. So let us not overestimate our capabilities and become self-exalted. No one can live without God and have permanent success and happiness. Look at the history of the countries of Europe. They tramped on God's laws, and where did they arrive with all of their boasted power and strength? What is true of an empire is also true of institutions, organizations, and individuals! They who reject Christ have an inevitable fall in store. O. H. B. states that "We gain nothing by striving to have others live up to our standard; that we do well if we live up to our own standard, granting to others the privilege of doing their duty as they see fit." Then if I understand her correctly, if I

find my neighbor fallen in life's pathway, I should not advise him to go to church, nor tell him of the Great Physician who is able to heal his broken spirit and put a song in his soul, but she would have me remember that it is his own affair that he is fallen, and that so long as I keep my own feet on solid ground I have done my duty! Our duty doesn't end with ministering to man's physical ailments, we owe it to God to help lift our fellowmen to a higher plane and a more harmonious life and we should strive to so live that we will challenge the admiration of the weaker ones about us. I earnestly appeal to every member of the medical and nursing professions and particularly to the staffs of our training schools. Those who are not Christian people,—wake up! Some of you are asleep at your post of duty. Read your Bible and go to church and give your souls a chance to grow. Try a generous application of the Golden Rule instead of iron clad rules. Let us develop the Christ-like spirit and create an atmosphere in all our training schools which will draw into our midst young women who will be a credit to our schools and a blessing to mankind; thereby elevating the standard of our profession and at the same time bringing peace, happiness and harmony into our own lives. True religion is no imaginary thing; it is a most beautiful reality and living a Christian life is the best and the biggest investment in the whole world. Try it. It pays.

M. M. G.

Missouri

(We cannot continue this correspondence.—Editor.)

A NURSE'S DUTIES IN TUBERCULOSIS

DEAR EDITOR: A nurse who is truly interested in the recovery of her patient will feel it is necessary not only to give her due care from the nursing standpoint, but to educate her in the ways along which lie perhaps cure for herself and protection to others. It means constant repetition, patience, real interest in the individual and in the multitude. Those whom she is teaching should be told what it is desirable or necessary to do—and why. It is uphill work full of discouragement. Perhaps that is why so few nurses doing tuberculosis work bother. Certainly the majority give the impression that all they care for is drawing their salary. This sounds unkind, but is it not true? In many instances nurses start out with high ideals only to find they are not upheld when they try to enforce rules and regulations. In one sanatorium a doctor said to a new nurse who enquired regarding the instructions to be given patients: "Yes, we have had one or two nurses who wanted to do that kind of work to get out of doing the real work." He laughed, saying, "You know these are really medical boarders here." In that sanatorium much time was given to statistics. Frequently very good papers were read to ambulant patients and nurses, but a nurse who was foolish (?) enough to try to carry out the excellent suggestions found herself in a most uncomfortable position,—she was not upheld by the authorities. Needless to say that in such sanatoria there is a constant coming and going of nurses. It has been said "no self-respecting nurse with a feeling of justice to her patients and to her profession would stay in such a place." Unfortunately there is more than one sanatorium of that type. The writer knows of another sanatorium where seldom was anything provided for the patients to use to cover their mouths when coughing or sneezing. (How could they be taught the danger?) Bed linen was so scarce that even the dying patients, the most distressing cases, had only one clean sheet a week, and pillow cases were more often used for several weeks. Not infrequently there were no covers for the pillows. Think of the danger to nurses working under such conditions! Apple cores, fruit skins, bits

of tasteless food, were lying on tables and floor because paper bags were not provided for waste. There was one hot water bottle for thirty or more patients and insufficient covering, so that most of the patients actually suffered from cold in the winter. They were not allowed to wear undergarments. Excellent for hygienic measures, but how about the agonies they endured from pleurisy? Doesn't it sound like cruelty? Frequently there was not enough milk or butter or sugar. The food for the most part was unappetizing and scanty. It was served in almost barbarous fashion, not enough cups or bowls or knives or spoons or forks,—never napkins. It was impossible to get sufficient supplies of any description. Of course there was a shortage of "help," nurses, attendants, ward maids, with an unhappy reaction on the patients who, most of the time, did not have proper, even decent care. Under such conditions would not the morale be lowered? Do you wonder it is said the finer type of nurses will not do tuberculosis work? Is it true, as some say, that a nurse should not express her opinion, that if she does not like conditions she can leave, implying it is not according to the professional code to criticize? How are deplorable conditions to be remedied if a nurse may not make constructive criticism? It is hard to get the real facts unless one is right on the spot, day in and day out. A trip through an institution shows up few of the defects. In some instances the institutions having the most perfectly constructed buildings and the most perfect system of records are doing the least to stamp out tuberculosis through education of the patients and nurses and, through them, the public.

New York

E. D. C.

WAS IT WORTH WHILE?

DEAR EDITOR: I wonder if the following incident from my own private duty experience will be of inspiration to *Journal* readers. In 1917, when the young men were being drafted, I was away on a case when the following incident happened next door. A young married woman was confined, and the hunt for nurses not employed was exhausted. Finally two neighbor women went in and assisted the physician after the delivery and cared for the new born infant. After ten days I had returned from my case, and I was called in to see the young mother, who was not doing well and the baby suffering from mal-nutrition. The mother was feverish, unable to sleep day or night, milk dried up, bowels unemptied. I cleaned her up to my heart's content, gave an enema, and told her I was going to borrow the baby for a few days, so I brought it over to my own home. I found a food that would agree with it, and soon had it eating and sleeping regularly. The mother began to mend as I posted her on the baby's condition. The baby weighed only 6½ pounds then. After another week the mother was able to travel to her mother's home in Illinois. After a short interval of time I received a letter from her saying: "I did not write immediately because I wanted to be sure the baby was gaining. He weighed 8½ pounds the last weighing and his little face is getting round and plump. His body is still thin, but is improving. I mix his milk twice a day and hang it about fifteen feet down in the well. I have nothing to do now but take care of him and his clothes. We will never forget your great help when we needed help so badly. Surely when you are called to give an account of your talent you can lay down a multiple increase. I always think of Abou Ben Adhem when I think of you; your name must be written as 'one who loves his fellow men.' The young husband had to go for war duty and I to Red Cross duty with the A. N. C."

Indiana

E. H.

RIDDING AN OLD BUILDING OF BEDBUGS

(An inquiry on this subject from a *Journal* reader was referred to a superintendent of years of experience.—Ed.)

DEAR EDITOR: How did you know that I once took charge of an old building in which the social bedbug had a prior claim and that I spent about two years acquiring the information which I now pass on to you? Enclosed find a pamphlet which may be of help to your subscriber.¹ It is not only helpful, but interesting. As the painter mixes his colors with brains, so a little science mixed with bedbugs gives better results. Having no definite knowledge of your subscriber's situation I can only speak in a general way. For each ward or room one mode of procedure is as follows: Put all wooden frames whether of springs or bedsteads into the discard. The older the wood is, the more necessary that it should be eliminated. Also discard any mattresses of which the ticks are broken, worn or torn. Then take the bedsteads apart, stand them and all other furniture so that air has access on all sides. Then seal the ward and give it a 24-hour sulphur fumigation and repeat twice, making three fumigations in all, changing the position of the various articles between fumigations. This might be done to several rooms and wards in succession until the infested areas have been covered. Or the furniture might be moved into a smaller room or closet and then fumigated while the larger room was being cleaned and repainted, after all cracks had been stopped up. Some people pour alcohol or kerosene over the joints of steel bedsteads after they have been taken apart and set fire with a lighted match. Corrosive sublimate, 1-16, can be dropped from a medicine dropper into corners and hinges that will not come apart. Soap and water cleanliness and daily inspection as long as any life is found should follow. Our housekeeper maintains weekly inspection year round of all employees' beds and finds a slender hatpin is useful for going into cracks. It is an error to believe that dried scales often seen are dead bugs. These scales are usually cast-off covering by which method the bugs grow. So far as I know the little pests lead a charmed life and never die of natural causes.

New York

A SUPERINTENDENT.

¹ Farmer's Bulletin, No. 754—*The Bedbug*—discusses various methods of ridding infested buildings of this pest. It may be obtained from the U. S. Department of Agriculture, Washington, D. C.

JOURNALS ON HAND

MRS. F. A. STILGENBAUER, Bangor, Michigan, has the following copies which she will sell at any price offered: 1916, May through July, and September through December; 1917, 1918, 1919, 1920, 1921 complete; 1922, through April.

Myrtis Tarte, Climax, Georgia, wishes to dispose of the following: 1912, September through December; 1913, 1914, 1915, 1916, 1917, complete; 1920, January.

NURSING NEWS AND ANNOUNCEMENTS

NURSES' RELIEF FUND, REPORT FOR MAY, 1922

Receipts

Previously acknowledged	\$11,648.64
Interest on bonds	65.00
Interest on Liberty Bonds	27.45
Interest on Jane A. Delano Fund	40.00
Arkansas: District No. 4	35.00
Connecticut: Hartford Hospital Training School Alum. Assn.	25.00
California: District No. 1, Alameda Co., \$8; Dist. No. 5, Los Angeles Co., \$80; Dist. No. 11, Santa Barbara Co., \$16; Dist. No. 16, Orange Co., \$18	122.00
Iowa: Nurses of Creston, District No. 9, \$15; two individuals, \$2	17.00
Illinois: 8th District, \$22; 1st Dist., \$7	29.00
Kansas: State Association, \$20; Dist. No. 1, \$45	65.00
Kentucky: Jefferson County Graduates' Club, \$10; Louisville City Hosp. Alum. Assn., \$25; seven individuals, \$8	43.00
Michigan: First District, \$40; Dist. No. 4, \$45; Port Huron City Hospital A. S. Dist. No. 9, \$5; two individuals, \$3	93.00
Massachusetts: Nurses' Alum. Assn. of the Union Hospital, Fall River	10.00
Maryland: Two individuals	10.00
New Jersey: One individual	2.00
New Hampshire: State Association	25.50
Nebraska: District No. 1	7.50
New York: One individual, \$1; Dist. 1, Buffalo, \$86; Dist. 2, Geneva City Hospital Alumnae, \$6.50; Dist. 4, one individual, \$5; Dist. 6, City Hospital Alumnae Assn., Watertown, \$15; Dist. 13, New York Counties Assn., \$211; St. Luke's Alumnae, \$10; Losier Memorial Alumnae, \$22; five individuals, \$30	386.50
New Mexico: State Association	28.95
Ohio: Jewish Hospital Alum. Assn., \$25; Christ Hospital Alum. Assn., \$25; four individuals, \$5	55.00
Pennsylvania: Stetson Hospital Alum. Assn., Philadelphia, \$26.50; Nurses' Alum. Assn. of the Woman's Hospital, Philadelphia, \$52	78.50
Texas: District No. 2	4.00
Tennessee: One individual	1.00
Wisconsin: Districts 4 and 5, \$100; Dist. 11, \$10; two individuals, \$7	117.00
	\$12,336.04

Disbursements

Paid to 23 applicants	\$540.00
Exchange on checks95 540.95
	\$12,395.00
Invested funds	49,150.00
Total, June 1, 1922	\$61,545.00

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 14 East 50th Street, New York, and the checks made payable to the Farmers Loan and Trust Company, New York City. For information, address E. E. Golding, Chairman, 317 West 45th Street, New York City.

M. LOUISE TWISS, *Treasurer.*

JANE A. DELANO MEMORIAL FUND

The latest report of the Fund shows that it amounts to more than \$15,000. The treasurer is Harvey D. Gibson, 26 Broad Street, New York, N. Y. At St. Vincent's Hospital, Indianapolis, on Hospital Day, a silk bag made of red, white and blue ribbon with a gold star embroidered on it, was entrusted to Mary E. Gladwin. This contained \$130 in gold, the gift of student nurses, their earnings for the Delano Fund. The address given at the time of the presentation concluded with these words: "We hope that this monument to Miss Delano's memory will ever be for the members of the nursing profession in the United States an ideal as to the all embracing charity of our calling and an inspiration to personal efficiency." The pupil nurses of the Aultman Hospital, Canton, Ohio, raised \$50 by their own efforts in off-duty time, making candy, cookies, manicuring nails, etc.

ARMY NURSE CORPS

During May, 1922, the following named members of the Army Nurses Corps were ordered transferred to the stations indicated: To Station Hospital, Fort Benning, Ga., 2d Lieutenants, Magdalene Fisher, Mary P. Kelly, Florence MacDonald, Isabel Mulick, Bridget A. Mullany, Beatrice M. Quinn, and Flora E. Saxon; to Station Hospital, Camp Bragg, N. C., 2d Lieut. Alda V. Gambill; to Camp Custer, Mich., 2d Lieut. Flora E. Robarge; to Station Hospital, Camp Eustis, Va., 2d Lieut. Pauline A. Furninger; to Fitzsimons General Hospital, Denver, Colo., 2d Lieut. Mae E. Sherard; to Letterman General Hospital, San Francisco, Cal., 2d Lieut. Helena Austin; to Station Hospital, Camp Lewis, Wash., 2d Lieut. Bertha Purcell; to Station Hospital, Fort Sam Houston, Texas, 2d Lieutenants Mildred Carter, Alice H. Gallagher, Florence I. Hiley, Mary A. Scanlon, and Estella Whitehead; to Station Hospital, Fort Totten, N. Y., 2d Lieut. Phoebe L. Greer; to Walter Reed General Hospital, Takoma Park, D. C., 2d Lieutenants Anna L. Alexander, B. Margaret Bitzer, Maude A. Conkling, Nellie M. Denison, Isabella Flewwelling, Lucy Keenan, Alva Tomlinson, Stella E. Williams and 1st Lieut. Lydia B. Keener; to the Hawaiian Dept., 2d Lieutenants Adele Klein and Marie L. Lorenze; to the Philippine Dept., 2d Lieutenants Alice G. Griffin, Clifton A. Grinnell, Dorothea Johnston, Helen M. Karhu, Esther Klain, Violet E. Neith and Helen Shepherd.

Orders have been issued for the separation from the service of the following named members of the corps: Captain Harriet H. Barnes, Assistant Supt., Army Nurse Corps, 2d Lieutenants Ethel L. Allen, Sarah I. Blakley, Elizabeth Christiansen, Florence M. Drury, Margaret R. Farley, Victoria Fetz, Tess Flynn, Hortense Frazier, Nora G. Freeman, Mary O. Gardiner, Gladys Gobert, Gertrude Hakel, Ann E. Hooper, Amy C. Hoover, Mollie S. Hundley, Norah K. Kelly, Edna E. Kingston, Sophie H. Leandowski, Sven I. Long, Eleanor R. Martin, Edna O. Masters, Ruth McCreary, Adelaidie M. Nellis, Lydia E. Nelson, Crystal Parks, Clara M. Patterson, Lena C. Schmitt, Elizabeth Y. F. Sheeh, Frankie E. Smith, Lydia Sprecher, Chloe Stine, Thomine J. Tarpgaard, Clare M. Wheeler, and Elizabeth Wright.

The following named 2d Lieutenant, Army Nurse Corps died at Fitzsimons General Hospital, Denver, Colorado, on April 28, 1922,—Marie E. Cloherty.

The following named 2d Lieutenants, Army Nurse Corps, have been admitted to the Corps and assigned to duty as follows: To Station Hospital, Camp Bragg, N. C., Elizabeth McGrath; to Wm. Beaumont General Hospital, Fort Bliss, Texas, Ruth C. Head and Elinor G. Holland; to Fitzsimons General Hospital, Denver, Colo., Elizabeth Christiansen, Edith M. Hintz, and Marie A. Ingram; to Army and Navy General Hospital, Hot Springs, Ark., Anna Fleming; to Letterman General Hospital, San Francisco, Cal., Emma F. Devitt, Katherine Geisendorfer, Eleanor M. Perske and Helene Samuelson; to Station Hospital, Fort Sam Houston, Texas, Irma G. Allen, Hortense Frazier, Isadore Klaus, Hildegarde E. Kramer, Eleanor B. Martin, Alice Mellor, Florence R. Morrow and Elsie Wolford; to Station Hospital, Fort Sill, Okla., Catherine M. Gemeinhardt.

The Superintendent of the Army Nurse Corps has received one of the beautiful American Nurses' Memorial Medals, sent by Dr. Anna Hamilton with the compliments of the Trustees of the Florence Nightingale School for Nurses at Bordeaux, France. This medal was forwarded through the Director of the Red Cross Nursing Service and was accepted by the Superintendent of the Corps in behalf of the members of the Corps as a recognition of the part they took in raising the funds for the Florence Nightingale School.

The following figures show the classification by states, of all the nurses who served in the Army Nurse Corps during the World War:

Alabama	151	Louisiana	169	Ohio	1224
Alaska	2	Maine	194	Oklahoma	146
Arizona	29	Maryland	392	Oregon	208
Arkansas	125	Massachusetts	1414	Pennsylvania	2487
California	1097	Michigan	807	Rhode Island	104
Colorado	223	Minnesota	772	South Carolina	105
Connecticut	426	Mississippi	117	South Dakota	130
Delaware	43	Missouri	636	Tennessee	151
Dist. of Columbia	122	Montana	129	Texas	439
Florida	95	Nebraska	358	Utah	67
Georgia	220	Nevada	12	Vermont	106
Idaho	51	New Hampshire	133	Virginia	302
Illinois	1397	New Jersey	659	Washington	386
Indiana	523	New Mexico	12	West Virginia	211
Iowa	664	New York	2824	Wisconsin	568
Kansas	397	North Carolina	253	Wyoming	26
Kentucky	261	North Dakota	166		

Foreign:

Canada	618		
England	33		
Miscellaneous	56	Total—22,240	

The Army School of Nursing graduates held the first annual reunion at the Walter Reed General Hospital, Washington, D. C., on June 8, 9 and 10.

The Service Pay Bill with its final amendments and adjustments has at last passed the House on June 2nd. It had passed the Senate a short time prior to that date. It now is ready for the President's signature. This bill increases the pay of members of the Army Nurse Corps throughout each period of service

except the first one, and stands as follows: The pay of the first period of three years is \$70 a month, the second period \$90, the third period \$110 and the fourth period \$130. The pay of chief nurses is \$50 in addition to their pay as nurses. With maintenance, initial uniform equipment, one month's leave a year, extended care when sick with the possibility of one month's sick leave, insurance benefits and compensation for disability, opportunity for advanced study, the possibility of travel, and the promised assurance of ultimate retirement on three-quarters pay, the advantages of service in the Army Nurse Corps are steadily increasing.

JULIA C. STRASSER,

Major, Superintendent, Army Nurse Corps.

Dean, Army School of Nursing.

U. S. PUBLIC HEALTH SERVICE CORPS

By executive order, effective May 1, 1932, all Veterans' hospitals, with the personnel of those hospitals, were transferred to the Veterans' Bureau from the U. S. Public Health Service. There remain the original twenty-three U. S. Marine Hospitals with the addition of Hospital No. 70, Hudson Street, New York; Ellis Island, No. 43, New York; Tanners Creek, No. 82, Norfolk, Va., and the Leprosarium at Carrville, La. The Public Health Service expects to develop work which will be of interest to nurses later and announcements regarding the service will be sent at a later date.

The assignments and transfers during May were as follows: Assignments: Margaret Farley, Alberta Thorrian, Vida Butts, U. S. Marine No. 14, New Orleans, La.; Mary Hawthorne, U. S. Marine, No. 15, Pittsburgh, Pa.; Addie Alexander, Emma Miller, U. S. Marine, No. 21, Stapleton, N. Y.; Mary Walsh, U. S. Marine, No. 16, Portland, Me.; Ellis Squires, No. 82, Tanners Creek, Va.; Isabelle MacDonald, U. S. Marine, No. 70, Hudson Street, New York; John Roland, U. S. Marine, No. 43, Ellis Island, N. Y. Reinstated: Ethel Cameron, U. S. Marine, No. 21, Stapleton, N. Y. Transferred: Imogene Sullivan, U. S. Marine, No. 14, New Orleans, La., to U. S. Marine, No. 15, Pittsburgh, Pa.; Christina MacIvor, U. S. Marine, No. 15, Pittsburgh, to U. S. Marine, No. 19, San Francisco.

LUCY MINNEMOOR,

Superintendent of Nurses, U. S. P. H. S.

NAVY NURSE CORPS

The following nurses have been appointed and assigned at the Naval Hospital at the station indicated: To Great Lakes, Ill., Hilma Knudtson; to Mare Island, Calif., Marian Simmons; to New York, N. Y., Mary E. Genya; to Parris Island, S. C., Frances E. Meader; to Portsmouth, N. H., Josephine Corbett; to Portsmouth, Va., Laura L. Lockhart.

The following nurses have been transferred: To Mare Island, Calif., Mary A. Kief and Louise R. Lebb from Puget Sound, Wash.; to Charleston, S. C., Anna Merritt from Quantico, Va.; to Haiti, Anna M. Setley and Faye E. White (via U. S. S. Kittery) from Chelsea, Mass.; to Newport, R. I., Annie Bovaird (via U. S. S. Argonne) from Mare Island, Calif.; to Washington, D. C., Sophia E. Deeteria (via U. S. S. Argonne) from Mare Island, Calif.; to Portsmouth, Va., Anne Gunkow from Great Lakes, Ill.; to St. Thomas, V. I., Ada E. Griffiths (via U. S. S. Kittery) from Portsmouth, Va.; to Veterans' Bureau Hospital, Oteen, N. C. (Special Course in Tuberculosis Nursing), Della V. Knight (Chief Nurse) from Bureau of Medicine and Surgery; Esther L. Klein from Charleston, S. C.

Honorable Discharges: Blanche Brown (Chief Nurse), Yates D. Duke (Chief Nurse), Julia A. Moreland.

Resignations: Claude M. Durant, Lillian M. Langford, Miriam I. Lingo, Inga J. Qually, Rebecca A. Welch.

LENAH S. HIGBEE,
Superintendent, Navy Nurse Corps.

Colorado: Colorado Springs.—**GLOCKNER SANATORIUM** celebrated Hospital Week very successfully. The sanatorium entertained the Lyons Club at luncheon on May 9, the Kiwanis Club on May 11, and the Rotary Club on May 17. This helped to arouse interest in hospital work among representative business and professional men. The members of the clubs were taken through the sanatorium and the interesting features of the different departments were explained. On May 12 the sanatorium held open house, and at 3:30 p. m. a bronze tablet, erected by the staff in honor of Dr. B. P. Anderson, was unveiled, Governor Shoup being the chief speaker. In the evening an illustrated lecture on "The History of Nursing" was given by Father Joseph Higgins. **St. FRANCIS HOSPITAL** held open house for two days during Hospital Week. About eight hundred visitors were shown the hospitals, and refreshments were served. The hospital held graduation exercises for its first class,—seven receiving diplomas. **THE BETHEL HOSPITAL** held a reception on Hospital Day from 2 to 4 in the various departments, and tea was served at the Nurses' Home. Denver.—**MERCY HOSPITAL ALUMNAE ASSOCIATION** held its annual meeting on June 1, followed by a banquet at the Shirley-Savoy Hotel. This was the second annual banquet, that last year having been so successful it was decided to make it an annual affair. There were fifty-four present; many nurses were out of town at the time. Music and dancing were enjoyed afterward. Officers elected are: President, Emma Killey; vice-president, Maude Neck; secretary, Gertrude Graef; treasurer, Katherine Myles.

Connecticut: New Haven.—**THE ALUMNAE ASSOCIATION OF THE SCHOOL OF PUBLIC HEALTH NURSING** entertained the graduating class of the Public Health Course of the Visiting Nurse Association on May 14 at Silver Sands. One of the alumnae gave the use of her cottage for the day and there was a delightful picnic. Four of the class were present and thirteen of the alumnae. The **CONNECTICUT TRAINING SCHOOL ALUMNAE ASSOCIATION** held its June meeting on the 8 at Mansfield's, a nearby shore resort. About fifty members were present and regular business was transacted. The appeal to each member to "give a day's pay" in meeting with good results. Later, a basket lunch was enjoyed. Bridgeport.—**THE BRIDGEPORT HOSPITAL** held graduating exercises for a class of sixteen on May 25 at the United Congregational Church. James W. Moore of the Bridgeport High School gave the address; Katherine Kimmich, Superintendent of Nurses, gave a report of the school. The diplomas were presented by Mrs. Charles H. Armstrong and the pins by Miss Kimmich. Because of his great interest in the class, DeVer H. Warner gave each graduate a silver pencil and thermometer case. Albert E. Lavery presided. A dance followed at the nurses' home. **THE ALUMNAE ASSOCIATION** of the hospital gave a dinner and dance for the graduates on May 29 at the Seaside Club. Dr. John H. Bresnahan, Superintendent of the Hospital, and Katherine Kimmich, were also guests. Eliza Lavery announced a gift of \$25 to start a scholarship fund. **St. VINCENT'S HOSPITAL** recently graduated thirteen nurses. Exercises were held in the chapel of the hospital and Right Reverend John J. Nilan, Bishop of Connecticut, gave an in-

spiring address, using the class motto, "God Is Love," as his theme. The address was followed by solemn benediction. More than fifty priests, representing every parish in the city and vicinity, attended. The exercises were continued on the lawn of the nurses' home. Brief addresses, including one of welcome by Dr. Smykowaki, were given and the diplomas were presented by Bishop Nilan. The pins were fastened in place by Sister Remi, Superintendent of the Hospital. Angeline A. Grabowski was presented the medal for excellency. The exercises were followed by a reception in the nurses' home and a dinner for the graduating class and alumnae.

Illinois: Chicago.—**ST. LUKE'S HOSPITAL** held graduating exercises for the class of 1922 on May 23 at St. James' Church. A reception was given at Stickney House on May 24. The Alumnae Association gave a tea to the graduates on May 22, at Stickney House. **THE SCHOOL OF PSYCHIATRIC NURSING**, Chicago State Hospital, held graduating exercises at the hospital on June 16 for a class of three graduates, thirty post-graduates, and one hundred five affiliated students. The address was given by Carolyn E. Gray of Cleveland. The diplomas were presented by Judge C. H. Jenkins and the pins, by May Kennedy, superintendent of the school. **THE SCHOOL OF PSYCHIATRIC NURSING** held an institute for the chief nurses of the state, Department of Public Welfare, June 12-15, with the following programme: *June 12th*.—Morning Session,—Introductory Address, Charles F. Read, M.D.; The Essentials of a Well Balanced Curriculum, May Kennedy. Afternoon Session,—The Psychology of the Adolescent Girl, Stella Vincent, Ph.D.; Recreations for the Adolescent Girl, Emily J. Duncan; Discussion, Anne Gutherie. *June 13th*.—Morning Session, State Hospital Curriculum, Hattie Levreatu; The Educational Aspect of Nursing, Carol L. Martin. Afternoon Session, Social Service in State Hospitals, Charles F. Read, M.D.; Principles of Teaching, Florence R. Robinson; Nursing Organizations, Bena M. Henderson. *June 14*.—Morning Session, Some Requirements in Teaching Student Nurses, May Kennedy; Teaching Home Economics, Jennie Snow, Ph.D.; Hospital Administration, Mary C. Wheeler. Afternoon Session, Hospital Administration (continued), Mary C. Wheeler; Teaching Practical Nursing with Demonstrations, Hattie J. Robinson; The Place of Psychiatric Clinics in Nursing Education, David E. Rotman, M.D. *June 15*.—Morning Session, The Training of State Hospital Nurses and Attendants, Charles F. Read, M.D.; Discussion. Afternoon Session, Occupational Therapy in State Hospitals, H. Douglas Singer, M.D.; Teaching Occupational Therapy to Student Nurses, Anna Tompkins; Discussion and Demonstrations, Georgia Spainhauer; Teaching Psychiatric Nursing, May Kennedy. Decatur.—**THE DECATUR AND MACON COUNTY HOSPITAL** held graduating exercises at the James Millikin University on May 23. The address was given by Charles A. Ewing. Melrose.—**THE LUTHERAN HOSPITAL** held graduating exercises on May 12 for a class of six. Addresses were given by Dr. Peter Petersen of Chicago and Dr. Phoebe Pearall. After the exercises a reception was given at the nurses' home by the wives of the members of the hospital board. On May 5, the Intermediate class gave a dinner party for the Seniors at the nurses' home. On May 11, the Alumnae Association gave a banquet to the graduates at Black Hawk Hotel, Davenport, Iowa. A scholarship fund was established by the graduating class in memory of Agnes Swanson, who passed away while in training.

Indiana: Indianapolis.—**DR. FLETCHER'S SANATORIUM** held the annual graduating exercises on June 15, for a class of four. The address was given by Dr.

John W. Sluss; the diplomas were presented by Dr. Urbana Spink and the class pins by Dr. Mary A. Spink. The Florence Nightingale Pledge was administered. THE JOSEPH E. EASTMAN HOSPITAL ALUMNAE ASSOCIATION held their annual picnic at Brookside Park June 6. THE PROTESTANT DRACONERS HOSPITAL held graduating exercises for the three members of the 1922 class on June 2. Mary Gladwin gave the address to the class. A reception followed in the hospital. The class was entertained by the Women's Auxiliary with a dinner dance on June 3 and the Alumnae gave a dinner and theater party June 7. The Intermediate class entertained the class with a boat ride and dance. THE METHODIST EPISCOPAL HOSPITAL held graduating exercises for the thirty-five members of the 1922 class at the Meridian Street Methodist Church. The baccalaureate sermon was given by Dr. Smith at the Roberts Park Methodist Church. The class was entertained as follows: The Intermediate class gave a dinner at the nurses home, the Alumnae gave a chicken dinner at Vances' Place and the faculty entertained with a dinner at the hospital. On June 14 the class had a picnic in the country. Commencement exercises for the thirty-one members of the class of 1922 of the Indianapolis City Hospital were held June 15 on the campus. The faculty gave a theater party June 12 for the class. On June 7 the class and Miss Mulville, the superintendent, were guests of the Alumnae at their First Annual Banquet at the Spink-Arms Hotel. Mrs. Charles H. Augustein, class of '98, was toast-mistress and introduced the speakers as pages from a book, each speaker taking as her page the history of her class. A radio concert was a feature of the programme. The baccalaureate sermon was given by the Rev. Allen B. Philliput at the Central Christian Church.

Iowa: Cedar Rapids.—THE MERCY HOSPITAL TRAINING SCHOOL celebrated Hospital Day with an open house from one to five in the afternoon. A programme was given at four, and refreshments served. Among the speakers was Harriet Leete, Field Director of the American Child Hygiene Association. The hospital held graduation exercises on May 11, eleven nurses receiving diplomas, one of them a man. This class was entertained on May 10 at a banquet at Hotel Montrose, given by the Alumnae Association. Creston.—ALUMNAE OF THE GREATER COMMUNITY HOSPITAL sold tickets for a motion picture show on Hospital Day, the proceeds being used for decorating the front hall of the hospital. The hospital held open house and the alumnae served tea. Council Bluffs.—SUSIE HOCHWICKA, graduate of Mercy Hospital and June bride were complimented by a miscellaneous "shower" at the home of Mrs. J. E. Lynch. THE JENNIS ESCHWENEN HOSPITAL graduated a class of eleven on June 6, exercises being held at the First Congregational Church. Rev. Burton Shepherd gave an address on A Sick World. Mrs. Louis presented the diplomas and Pauline Martingale, superintendent, the pins. The alumnae association of the hospital entertained the graduates and the supervisors at dinner at the Country Club. There were about sixty present. MERCY HOSPITAL graduated a class of five on June 9 in St. Bernard's Hospital Auditorium. Rev. John Grell gave the address on The Nurse. Dr. H. B. Jennings presented the diplomas; the pins were awarded by Monseigneur McManus. High Mass was celebrated at 6 a. m. In the afternoon the graduates were guests at a luncheon in the Mount Loretta dining room. Forty alumnae were present at the initiation ceremonies and a business meeting. PUBLIC HEALTH NURSES AND SCHOOL NURSES were entertained on June 3 by Mrs. Ralph Bolton. A trip through Chamberlain's peony gardens was followed by a luncheon. Des Moines.—PUBLIC HEALTH AND SCHOOL NURSES enjoyed their second annual picnic given by Mr. Meek of the Meek Dairy Farm at Granger.

After inspection of the wonderful barns, came refreshments, baseball and dancing. THE IOWA CONGREGATIONAL HOSPITAL graduated a class of four on June 14. THE LUTHERAN HOSPITAL graduated a class of twelve on June 14. THE IOWA METHODIST HOSPITAL graduated a class of thirty on June 7, at the First Methodist Church. The address was given by Ada Belle McCleary, president of the Illinois State Nurses' Association. Features of commencement week were: a picnic at Greenwood Park, a Junior-Senior banquet, an alumnae banquet, and a dinner to the class by Dr. Edwin Baker. Ottumwa.—Miss Ingraham has resigned her position as superintendent of the Ottumwa Hospital. Fairfield.—Mary J. Watts has completed a postgraduate course at Chicago Lying-In Hospital and has resumed her duties as night supervisor of Jefferson County Hospital. Olena Sellers is taking a postgraduate course at Lakeside Hospital, Cleveland. THE ALUMNAE ASSOCIATION OF THE JEFFERSON COUNTY SCHOOL OF NURSING met at the Nurses' Home on June 1, to stimulate interest in the Nurses' Relief Fund. Each member was pledged to contribute one day's salary.

Kentucky: Lexington.—THE GOOD SAMARITAN HOSPITAL held commencement exercises for the three members of the class of 1922 at the Nurses' Home on June 15.

Maryland: Baltimore.—THE JOHNS HOPKINS HOSPITAL TRAINING SCHOOL held graduating exercises for a class of 69 on May 25, on the lawn near the hospital. The annual report of the school was given by Miss Lawler; the address, by Dr. G. Canby Robinson. Henry D. Harlan announced the scholarship awards and Dr. Winford H. Smith presented the diplomas. A reception followed the exercises, at the nurses home. THE ALUMNAE ASSOCIATION OF THE MARYLAND GENERAL HOSPITAL held its annual banquet at the Southern Hotel on May 26. The guests of the evening were the members of the graduating class and the honor nurses from the Intermediate and Junior classes. The speakers of the evening were Miss Laurence Stevens, president of the association; Miss A. E. Wheeler, superintendent of the training school; Miss S. Robinson, instructor; Miss Wheat and Pauline Benfer. Nearly every class since the organization of the school was represented, the gathering being one of the most successful ever held by the Association. HARRIET BAILEY, class of 1908, Johns Hopkins Hospital, has been appointed educational supervisor in Bellevue Hospital, New York. Lucy Chisholm, class of 1908, has been appointed registrar of the Johns Hopkins Nurses' Club. V. May Macdonald, class of 1908, has formed an association for disaster relief in connection with the Canadian Red Cross.

Massachusetts: THE MASSACHUSETTS STATE NURSES' ASSOCIATION held its nineteenth annual meeting at the Central Library Building, Boston, June 13 and 14, with the following programme: June 13, Morning, Private Duty Section. Papers—The Value of the Alumnae Association to the Private Duty Nurse, Mrs. Esther M. Mellor; Nursing Problems in Maine, Mrs. Jane Prevest; Has the Private Duty Nurse a Future? Mary V. O'Reilly. Noon, Conferences of State and Local Red Cross Committees. Afternoon, Public Health Section. Papers—The Importance of Psychiatric Experience for the General Nurse, Dr. C. Macfie Campbell; Industrial Nurses' Programme, City, Evelyn Coolidge; Rural, Florence Berry. School Nurses' Programme, City, Helen McCaffrey; Rural, Emily Poulin; The Public Health Nurse as an Exponent of Constructive Social Work, Robert Kelso. Tea at the Boston Nurses' Club served by the Nurses' Alumnae Association of the Children's Hospital. Evening, Address, Present Problems in Nursing Education, Dr. Richard Olding Beard. June 14,—Morning, League of

Nursing Education. Addresses, The Supervisor and the Head Nurse as Educators, Anna C. Maxwell; Student Government in Schools of Nursing, Marie Knowles and Ruth Sleeper. Round table on administrative and educational problems led by Sally Johnson. *Afternoon*, State Association. Papers—Thrift and Deferred Annuities, Harry N. Haven. Business. Tea served by the Guild of St. Barnabas at Trinity Church Parish House. *Evening*, State Association night at Pop Concert Symphony Hall. The officers elected are: President, Carrie M. Hall; First Vice-President, Sally Johnson; Second Vice-President, Marion Seaver; Recording Secretary, Mary Alice McMahon; Corresponding Secretary, Mary P. Davis; Treasurer, Mary M. Riddle.

Boston.—THE BOSTON FLOATING HOSPITAL nurses are organizing an alumnae association and hope to have it fully established by 1923, to commemorate the twenty-fifth anniversary of the opening of the postgraduate course in pediatrics for nurses. Graduates are earnestly requested to send their present addresses to Cecilia Lerner, Chairman, Room 43, 244 Washington Street, Boston. THE MASSACHUSETTS WOMEN'S HOSPITAL ALUMNAE ASSOCIATION held its annual tea and reunion at the Hotel Vendome on May 12. After the opening address by Mrs. Rodney Pratt, the President of the Alumnae, Bessie Talbot, gave her famous interpretations, in costume, of Tribal Lore and Indian Melodies. Wilhelmina Fischer, class of 1919, Massachusetts Homopathic Hospital, has been appointed school nurse in Stoughton. Cambridge.—THE CAMBRIDGE HOSPITAL NURSES' ALUMNAE ASSOCIATION held its second annual dance on May 15 in Brattle Hall. Graduates of the hospital are urged to join the association, sending their names to Mrs. Helen R. Hollin, 28 Eutaw Avenue, East Lynn. THE FREE HOSPITAL FOR WOMEN opened its East Wing on June 16, with a reception. THE NEW ENGLAND INDUSTRIAL NURSES' ASSOCIATION held a meeting on May 13, with an address by Dr. Macie Campbell on Industrial Mental Hygiene. In the afternoon a party of nurses visited the Perkins Institute for the Blind at Watertown. The last meeting of the season was held on June 10, with an address on Posture by Eva P. Washburn. A pleasant afternoon was spent by some of the members at the Arnold Arboretum. Northampton.—Mrs. Alice C. Cleland has returned to her duties as superintendent of the Cooley Dickinson Hospital and Training School, after a four months' leave of absence, which she spent in Cleveland at Lakeside, Mount Sinai, and Cleveland Maternity Hospitals. She also spent three weeks in Chicago, visiting hospitals and training schools in that city.

Michigan: THE MICHIGAN STATE NURSES' ASSOCIATION held its eighteenth annual meeting in Muskegon, May 23 through 26. The well planned and executed meetings were most stimulating. The following programme was carried out in a most satisfactory manner: May 23, Afternoon Session,—Invocation, Rev. Ernest W. Collins. Address of Welcome, Henry E. Langeland, Mayor of Muskegon. Response, Ada Coleman. A business session was followed by a visit to the hospitals. A Red Cross dinner was a feature of this first day, Miss Minnie Ahrens, Director of Nursing of the Central Division, being the guest of honor. Speakers at the evening session were Miss Ahrens, who spoke on What Is Our Goal? and Mrs. W. B. Alverd, President of the Michigan Federation of Women's Clubs, who spoke inspiringingly on Citizenship. The principal addresses of the Wednesday morning session were given by Lola G. Yerkes, of the Merrill Palmer School in Detroit, and Mary M. Roberts, co-editor of the AMERICAN JOURNAL OF NURSING. A round table on Private Duty was held. Luncheon was served and the afternoon session held at the attractive Country Club. Frances Drake, Chairman of

the Private Duty Section, presided. The addresses were: Thrift, by Miss A. Flage, of Detroit, and Private Duty, by Minnie Hollingsworth, of Massachusetts, Secretary of the Private Duty Section, A. N. A. The meeting was followed by a drive about the city. Anna Schill, President of the Association, presided at the evening meeting. The addresses were on Standards and Methods for School Work for Nurses, by Anne L. Stanley of Harrisburg, Pa., and by Mary M. Roberts on Centralization of Nursing Education. The Thursday morning session was devoted to a Health Play by the Muskegon school children and an address on Psychiatric School Work, by Stella M. Hughes of Kalamazoo. A series of round tables concentrated on various phases of Public Health. The afternoon session featured Public Health, and Harriet Lock, Chairman of the Public Health Section presided. A. L. Stoneman, supervisor of the Michigan Children's Aid Society, spoke on The Social Worker and the Public Health Nurse. Stella Booth, of New York, demonstrated the Mary Gay Theater. Miss Schill presided over the evening session at which Dr. R. A. Bolt, of the American Child Hygiene Association, spoke on The Pre-School Age. The Arrangements Committee of District seven, of which Grace McElderry, superintendent of Hackley Hospital was Chairman, deserve much credit for the careful planning that made it possible for the officers of the Association to carry out the programme in an uninterrupted and comfortable fashion. Mrs. Barbara H. Bartlett, of the University of Michigan was elected President and Alice Hull, Health Center, Lansing, Corresponding Secretary. Jackson.—THE THIRD DISTRICT ASSOCIATION reports itself as very much alive, as was shown at the annual banquet held at the Osgo Hotel in May. W. A. Foote Memorial HOSPITAL STUDENTS started a students' fund a year ago. Since that time the amount has increased rapidly. At a recent meeting it was voted to send two students to the convention in Seattle. It is hoped this plan can be carried out biennially. Playlets and dances have been given to help raise the money. Flint.—HUBLEY HOSPITAL held commencement exercises in St. Paul's Parish House, June 6, for a class of six. Dancing followed the exercises.

Minnesota: Minneapolis.—HOSPITAL DAY was arranged by the Hospital Council composed of hospital superintendents, as a special means of recruiting nurses, with the following plans: On Sunday, May 7, ministers were asked to speak on the subject; newspaper publicity was asked and secured; there were window decorations; school nurses addressed high school students; a parade on Hospital Day was followed by open house in each institution and entertainments in the evening. The parade was the big feature of the day and was planned and carried out by nurses. The various floats were arranged by the nurses of different hospitals and of public health agencies. The line of march began with the policemen's band, followed by a car of distinguished men who are friends of nursing, notably, Mayor George E. Leach and Dr. Richard Olding Board, and the presidents of State and County Medical Societies. Next came the succession of floats on motor trucks representing nursing education. In the lead was a beautiful float of "The Lady with a Lamp." Then a float entitled "Complete Your Education. Be a Nurse," representing both a high school and a college graduate entering training. Student life was depicted as follows: The probation nurse, The student Nurse, The graduating nurse. Attention was then called to the Red Cross machine emblazoned with the word "Enroll," followed by the Registry float and a series of representations showing the private duty nurse, the surgical nurse, the teaching nurse, the children's nurse. Later came the Public Health

Section led by a pioneer County nurse in a Red Cross cape, riding a horse. The modern County nurse followed in her Ford. Then came a charming representation of the Infant Welfare Society by a symbolic figure of motherhood surrounded by a host of "Infant Soldiers," each a doll bearing banners. The Visiting Nurse Association gave care to a chronic patient in a wheel chair, the Industrial Nurses rode in a magnificent float combining the advertising signs of the various companies employing nurses. The Health Department nurses drove their Fords labelled "Scarlet Fever," "Measles," "Smallpox," and "T. B." The Army and Navy float and the Veterans' float were put on by the Veterans' Bureau and Hospital No. 68. The entire staff of School Nurses then followed in cars and finally an ambulance representing each training school in the city, and two cars of nurses from each of the 12 schools. The parade was considered a success. It was dignified and inspiring and stimulated much talk about nursing as a profession. The emphasis of the whole parade was "Be a Nurse," the motto printed on flags flying from each of the cars in the parade. ASSUMPTION HOSPITAL ALUMNAE entertained the graduating class on June 5, at a picnic at Minnehaha Park, with 52 present. The class was given a banquet in the evening by the Miller Hospital staff. Graduating exercises were held on June 6 at the Park Avenue Methodist Church. The class numbered sixteen. Rochester.—ST. MARY'S TRAINING SCHOOL began its commencement exercises on May 28 with a formal breakfast in the morning and an evening service with a baccalaureate sermon. On May 29, the alumnae association gave a reception. On May 30, commencement exercises were held for a class of eighteen at the hospital. Addresses were given by Bishop Heffron, L. B. Wilson, M.D., and W. J. Mayo, M.D. The diplomas, scholarships and prizes were distributed by Charles H. Mayo, M.D. A banquet was given in the evening, and on the following day the commencement dance was enjoyed.

Missouri: St. Louis.—THE ST. LOUIS BAPTIST HOSPITAL NURSES' ALUMNAE ASSOCIATION held its annual meeting for election of officers on May 22, electing Mrs. Alona Bishop Reilly, president; Pauline Engleman, vice-president (re-elected); Mary Gannon, treasurer (re-elected); Marie L. Bender, secretary (re-elected). On June 1 the twenty-ninth annual graduating exercises were held in the hospital parlor, there being eight graduates. On June 2 the Alumnae held their annual banquet and dance at Bevo Mill.

Montana: Helena.—ST. JOHN'S HOSPITAL ALUMNAE ASSOCIATION held its annual meeting recently and re-elected the following officers: President, Sister Charatina; secretary, Miss Bradshaw; treasurer, Mary Zogarts. An address was given by Margaret Muskey, state supervisor of public health nurses.

New Jersey: Newark.—THE ALUMNAE ASSOCIATION OF THE NEWARK CITY HOSPITAL gave a banquet and reception in honor of the graduating class on May 22, in the Red Room of the Nurses' Home. Graduating exercises were held in the evening of the 24th in the auditorium of the Home. Morristown.—ALL SOULS' HOSPITAL held graduating exercises on May 11 in the chapel of the hospital. Rev. H. Coyne of Newark gave the address; Rev. H. Ellard of Morristown presented diplomas to the seven graduates. Elizabeth.—THE ELIZABETH GENERAL HOSPITAL AND DIACONARY held graduating exercises for a class of five, and celebrated the thirtieth anniversary of the training school on May 16, in the Central Baptist Church. Arthur T. Fowler, D.D., made the address; Frederic J. Paulus presented the diplomas; Carrie H. Tucker, superintendent of nurses, presented the pins; Arthur Stern, M.D., presented remembrances from the visiting staff;

Elwood W. Phares presented the prizes. On the same day, in the afternoon, a reunion of the graduate nurses of the school was held, a reception being given at the nurses' home, and a dinner at the Elks' Club in the evening. The hospital has graduated 233 nurses during its thirty years of existence, 12 of whom have died. The three hospitals in the city,—Elizabeth General, St. Elizabeth's, and Alexian Brothers'—celebrated Hospital Day on May 12, having made their plans in harmony. All kept open house. The city aided the celebration by displaying flags. *Pascale.*—*St. MARY'S ALUMNAE* held a social and dance on June 1 for the outgoing officers, two of whom, Frances Tierney and Mrs. Joseph Lefferts, had held office for years and had done much for the association. The new officers are: President, Miss Birchenough; vice-president, Miss Soutar; secretary, Miss Hart; treasurer, Miss Kelleher.

New York: Buffalo.—*THE BUFFALO HOSPITAL SISTERS OF CHARITY* held graduating exercises on May 11, the eve of Florence Nightingale's birthday and of National Hospital Day. Rev. J. J. Beland presented diplomas to seventeen nurses. The alumnae association gave a banquet to the graduates at the Hotel Iroquois. *THE BUFFALO HOMEOPATHIC HOSPITAL* held commencement exercises for a class of nine. Alice Shepard Gilman was the speaker. Rochester.—*DISTRICT 2, THE GENESEE VALLEY NURSES' ASSOCIATION* held its annual meeting at the Club House on May 30, when the following officers were elected: President, Eunice A. Smith; vice-presidents, Lillian Reed and Gertrude Garran; secretary, Mabel E. Hoffman; treasurer, Mollie Hall; directors for three years, Alice V. Newton and Mary Wells; members of the Club House Committee for three years, Emma J. Jones, Elizabeth Faust, and Mrs. Anna Pelley. *St. MARY'S HOSPITAL ALUMNAE ASSOCIATION* met at the hospital June 9. The report of the work accomplished by the Association during the hospital's recent building fund campaign, showed the receipt of \$2,222.40; \$1600 was pledged to the campaign fund, the balance is to be the nucleus of an endowment fund for the betterment of the Nurses' Home and Hospital. It was decided to have a Requiem Mass read at Corpus Christi Church for the repose of the soul of Dr. Joseph Calkin, vice-president of the Staff. Canandaigua.—*THE FREDERICK FERRIS THOMSON HOSPITAL* held graduating exercises for a class of nine on June 1, in the chapel of the Congregational Church. Addresses were given by Rev. William Wallace Rose and by Mary M. Roberts. Diplomas and pins were presented by Dr. Robert G. Cook. A reception followed the exercises at the Nurses' Home. Clifton Springs.—*THE ALUMNAE ASSOCIATION OF THE SANITARIUM* has elected the following officers: President, Gertrude Bates; vice-president, Alice V. Newton; secretary, Louise Drake; treasurer, Flora Dunn; directors, Hazel Beck, Julia Dahlow, Mildred Van Horn. Chairmen of Committees are: Entertainment, Dorothy Bond; Programme, Edith Woodworth; Sick Benefit, Johanna Christie; Nominating, Katherine Probst; News, Edith Andrews. *THE CLIFTON SPRINGS TRAINING SCHOOL FOR NURSES* held graduating exercises on June eighth. Saranac Lake.—*DISTRICT 8. THE GRADUATE NURSES' ASSOCIATION* met at the Public Library on June 6, where Dr. L. V. Gardner gave a talk on Changes in the Lung Tissue from Tubercle Bacilli Invasion. Troy.—*THE SAMARITAN HOSPITAL* held commencement exercises on May 24, at the Y. W. C. A. Building for a class of eleven. The address was given by Mary M. Roberts. Diplomas and pins were presented by James H. Caldwell and Mrs. W. B. Frear. Three scholarships were awarded by Alice Shepard Gilman and one medal. The Florence Nightingale pledge was taken by the class. A reception and dance followed the exercises. Schenectady.—

THE SCHENECTADY HOSPITAL ASSOCIATION, Ellis Hospital, held commencement exercises for a class of sixteen on May 22, in the First Presbyterian Church, addresses being made by Charles A. Richmond, president of Union College and by Rt. Rev. Msgr. Reilly. Seven prizes were awarded. The diplomas were presented by Mr. Pratt and the pins by Mary G. N. McPherson. On Tuesday evening the Board of Managers of the School gave the graduates a most delightful reception and dance at the Mohawk Golf Club. On Wednesday a very enjoyable tea was held at the Whitmore Home of this school. The Alumnae of the school entertained the graduating class and the staff at a banquet on Thursday evening. Friday was Class Day, when a picnic was given consisting of a motor ride to Grafton, thirty-two miles away. Here games were enjoyed; the class prophecy was read and thus ended a very enjoyable commencement week. Utica.—Ruth Mason, class of 1917, St. Luke's Hospital, has accepted the position of Assistant Superintendent which Miss V. M. Lergeson has resigned. White Plains.—THE WHITE PLAINS HOSPITAL ALUMNAE ASSOCIATION held its annual meeting in the Nurses' Home, May 9, and elected the following: President, Mary McCallam; vice-president, Ada Meehan; secretary, Ada W. Ames; treasurer, Mrs. Porcer Romer. New York City.—DISTRICT 13, at its annual meeting, voted to give \$200 to the Nurses' Relief Fund. THE FRENCH HOSPITAL held graduating exercises on April 19. Dr. Haguet gave the address. BELLEVUE HOSPITAL ALUMNAE ASSOCIATION has elected the following officers for 1922-3: President, Loraine G. Dennhardt; vice-presidents, Loretta Grant, Maude Kelly; recording secretary, Mrs. Margaret Otto; corresponding secretary, Loretta Binett; treasurer, Emma Paulding; directors, Mrs. Annie Humphrey, Frances Lynch, Martina Lavin, Mrs. Nellie Hendrick, Beatrice M. Bamber. Chairmen of Committees are: Registry, Johanna Fuchs; Finance, Emma Snyder; Pension Fund, Emily Kerr; Red Cross, Mrs. Florence Cowett; Visiting, Mary Gillen; Nurses' Relief Fund, Mary Slayton; *American Journal of Nursing*, Emily Kerr; Entertainment, Margaret Hyde; Alumnae Bulletin, Agnes von Kurowsky. St. LUKE'S HOSPITAL held commencement exercises in the chapel of the hospital, the address being given by Dr. Wilfred T. Grenfell. The diplomas were presented by Stephen Baker. THE NEW YORK POST GRADUATE NURSES' ALUMNAE ASSOCIATION at its June meeting received \$140 for the Nurses' Relief Fund, the money having been raised by chances on a paper doll, by the chairman of the committee, Martha McE. Prosty. After the meeting a reception and tea were given the members by Miss Murdoch. The members will miss her sadly when her resignation goes into effect soon. She has held her position as superintendent of the training school for ten years. THE NURSES OF COMMUNITY HOSPITAL SCHOOL OF NURSING held a bazaar in the nurses' home in May, and a radio outfit has been installed in the reception room, with the money obtained. The outfit can be moved to the roof garden which has been laid out and furnished by the Hospital Guild members. THE LENOX HILL ALUMNAE recently pledged \$10.00 a year for five years to the Relief Fund.

North Dakota.—THE NORTH DAKOTA STATE LEAGUE OF NURSING held its annual meeting April 22 at the Commercial Club, Fargo. Officers elected for the coming year are: President, Josephine Stearns; vice-president, Sister M. Gilbert, St. John's Hospital, Fargo; secretary-treasurer, Sister Salome, St. Michael's Hospital, Grand Forks. American Red Cross, Nursing Service, State Chairman, Josephine Stearns, Good Samaritan Hospital, Rugby; Chairman of Bismarck Local Committee, Ida Swanson, Bismarck Hospital; Chairman Grand

Local Committee, Irene C. Walsh, Deaconess Hospital, Grand Forks; Chairman Fargo Local Committee, Mrs. A. C. Shervey, 815 5th Avenue South, Fargo. Nurses desiring to enroll in the Red Cross Nursing Service will receive application blank by writing to any of the above mentioned names. The North Dakota pin for registered nurses may be secured by sending \$3 to Josephine Stearns, Good Samaritan Hospital, Rugby.

Ohio: V. LORA LOHMANN of Lakewood, (1223 West Lake Avenue), has been appointed executive secretary by the directors of the Ohio State Association of Graduate Nurses. Hamilton.—MUNIC HOSPITAL SCHOOL FOR NURSES held commencement exercises on May 17 for a class of ten. The speakers were R. M. Hughes, President of Miami University, and Rev. M. F. Griffin, Youngstown. Dr. Mark Millikin, president of the Executive Staff of the Hospital gave the diplomas and medals. The programmes were unique, designed by Nano Paul and Gladys Morgan. The medals were gifts of the Women's Auxiliary. The announcement that Nano Paul was the winner of the Mathias Scholarship was received with loud applause; this scholarship will enable Miss Paul to take a course at Columbia University. The value of the scholarship is \$500 and is a gift of Mr. and Mrs. Homer Gard of Hamilton. On May 18, High Mass was celebrated in the Hospital Chapel by Father Alexander Wilberding, for the members of the graduating class. At 2:30 p. m., the members of the class were received into the Alumnae Association. The Alumnae Banquet was held at the Hamilton Club. Following the banquet, the nurses were driven to the Butler County Country Club, where they were the guests of Dr. Mark Millikin. Elyria.—ELYRIA MEMORIAL HOSPITAL ALUMNAE gave a banquet to the members of the graduating class on June 6 at Alber's Villa. A varied programme was greatly enjoyed. Cincinnati.—THE CHRIST HOSPITAL ALUMNAE ASSOCIATION held its annual meeting May 13, at the Business Men's Club, and received twelve members of the class of '22 into its ranks. A very detailed and exceedingly interesting and helpful report was given of the meeting of the Graduate Nurses' Association and League of Nursing Education at Dayton, by Miss Young, president of the Association. A banquet was enjoyed by 36 members, after which toasts and dancing were in order for the evening. Nine members of the Association participated in the Nursing League of Education's open meeting held at Burnett Woods, May 15. A picnic supper was enjoyed by all. Bee Gaynor, class of 1921, is acting as supervisor at The Soldiers' Home, Dayton. Cincinnati.—JANE A. DELANO Post No. 458 was entertained by Mrs. Edwin Dowd on June 6. A delicious supper was followed by a short business meeting. The Queen City Circle, Ladies of the G. A. R., presented a beautiful American flag to the Post. Dayton.—The May meeting of District No. 10 was in the hands of the Private Duty Section. After the usual business meeting, Judge Roland E. Boggett gave a very interesting talk on Present Day Problems in the Court of Domestic Relations. Arrangements were made for the annual picnic. Commencement exercises for the Miami Valley Hospital Training School for Nurses were held in Christ Episcopal Church May 12. Sixteen students received diplomas. Dr. W. O. Thompson, president of Ohio State University, gave a very interesting address. Cleveland.—Dinner No. 4. THE COMMITTEE FOR THE ADVANCEMENT OF NURSES EDUCATION through the cooperation of the nursing associations is offering seven scholarships for young women wishing to enter schools of nursing. Requirements: Educational—4 years high school; Age, 18 years minimum; Qualifications—Eligibility, determined by scholarship, character, physical fitness. 1. District No. 4, Ohio State

Association of Graduate Nurses; loan \$300 a year for three years; one for 1922-1923. 2. St. Barnabas Guild for Nurses; loan \$300. 3. City Hospital Advisory Board; ten \$300 (1) one for each high school in city. 4. City Hospital Alumnae Association; loan \$300. 5. Huron Road Alumnae Association; loan \$300. 6. St. Luke's Hospital Alumnae Association; loan \$100. 7. Lakeside Hospital Alumnae Association; loan \$300. On Hospital Day, May 12, a Memorial service was held in Trinity Cathedral with 550 nurses in attendance in uniform; 75 A. R. C. nurses were present, others being Public Health, Private Duty, Staff, and Students from the schools of nursing. Bishop Stearly of New Jersey gave a stirring and inspiring address. THE LAKESIDE SCHOOL OF NURSING was particularly fortunate in having for their commencement speaker Annie W. Goodrich of Teachers College. She gave a wonderfully inspiring address, one which will remain long in the memories of those present. She remained for the Alumnae Banquet, and the Alumnae members felt much honored to have with them both Miss Goodrich and Carolyn E. Gray, Professor, Department of Nursing, Western Reserve University. The Student Government Organization of the Lakeside Hospital School of Nursing recently sent to the New York Times an editorial, protesting against the articles which had been appearing in that paper, and others, maligning training schools for nurses. The Educational Committee of District No. 4 has had outlined for the past year a programme that was distinctly educational and was divided into the following subjects: Psychological, Anatomical, Social and Professional. At the March, April and May meetings the topics were delightfully presented by those who are experts in their particular field: Instincts and Habit Formation, by Mrs. Charles Rush, Professor of Psychology, College for Women, W. R. U.; Ancestry of Man as Shown by Anatomical Findings, by Professor T. Wingate Todd, Professor of Anatomy of W. R. U. Medical School. Each section of District No. 4 had charge of the programme for at least one meeting during the year. It is the aim of the committee to make the meetings interesting as well as instructive and in order to have more time for this the business part of the meetings has been reduced to a minimum unless some very important subject requires more time.

Oregon: THE OREGON GRADUATE Nurses are planning a reception for the evening of July 2 for the nurses passing through Portland on their return from the convention at Seattle. They hope as many as possible will be present, and a most hearty welcome awaits them. Sally M. Craighill, a graduate of the Massachusetts General Hospital, has recently taken up county nursing in Lane County. Mrs. Florence Petersen, who has recently been city visiting nurse in Astoria, has been assigned to Washington County. Portland—Mrs. Ruby Emery Buckle, graduate of the Good Samaritan Hospital, has recently been appointed Supervisor of the Wilson Memorial Hospital.

Pennsylvania: Philadelphia.—THE ALUMNAE ASSOCIATION OF THE PHRANTZ EMERSON HOSPITAL in Philadelphia, held its first reunion of graduate nurses May 16-18. The commencement was held in St. Luke's Church on the hospital grounds, for the first time, with reception following in the nurses' home. On Wednesday, luncheon was served in the Scriptorium of the nurses' home, a delightful affair; afterward a ride in five large auto buses to Valley Forge was a great treat to many. In the famous Washington Chapel the Rev. W. H. Burk held an impressive service, the nurses occupying every possible seat, one of the graduates played the splendid pipe organ. On Thursday, there were reunions of individual classes and as a final event, the banquet at Rita-Carlton Hotel was

a beautiful affair. Thirty-one classes were represented by a response to roll call. They were equally interesting, from the three members present from first class, 1890, to the president of the class of 1922, representing many phases of the profession and nursing progress. There was a short musical programme. An excellent and thoughtful address on "The Truth" was given by Mrs. Herman H. Birney, President Philomusian Club of Philadelphia, which will be printed in the Annual Report of the Alumnae Association. Mrs. N. F. W. Crossland recently resigned from the position of Superintendent of St. Mark's Hospital, Salt Lake City, is now taking a much needed rest at Lansdowne, Pa. Edith L. Wood, class of 1910, one of a party of Near East Relief Workers, was captured by brigands in the Taurus Mountains, district of Asia Minor; after being robbed their captors became frightened from an explosion from a back-fire of an auto truck. Miss Wood had recently recovered from a serious illness. She is known by her nursing duty in Germany and Russia before our country entered the Great War and was sent to the Balkans two years ago. THE MARY'S HOSPITAL ALUMNAE ASSOCIATION held a reunion banquet on May twenty-fifth, at the Hotel Lorraine, at which the graduating class were the guests of honor. The banquet was followed by a dance. The hospital held graduating exercises on May 22nd at which Cardinal Dougherty presided. Seven nurses received diplomas. THE METHODIST EPISCOPAL HOSPITAL ALUMNAE ASSOCIATION held its annual meeting, May 25. The following officers were elected: President, Margaret E. Fowler; vice-presidents, Bertrade Hinkle, Faye Fulton, and Edith Collins; recording secretary, Mrs. Frances Reif; corresponding secretary, Elizabeth E. Creek; treasurer, Elizabeth E. Kirby; endowed room director, Martha Henderson. A banquet was given for the graduating class, which numbered twenty-two, preceding the commencement exercises, which were held at eight o'clock at St. Luke's Episcopal Church. The address was delivered by Dr. Philip H. Moore, of the staff. Diplomas and pins were presented by the Board of Trustees. THE WOMAN'S HOSPITAL ALUMNAE ASSOCIATION accepted four members at its regular meeting, June 14. A contribution of \$31 to the Relief Fund represents 100 per cent of both active and non-resident members. Thirteen nurses were graduated on May 17. Dr. Alice Seabrook returned from California for the event and addressed the class. Cannonetti K. Swank, who was awarded the Pauline medal last year, is the present Director of the School. Class Night exercises in Clinic Hall on May 16 were followed by a dance. HARRISBURG.—DISTRICT 2 OF THE GRADUATE NURSES' ASSOCIATION OF PENNSYLVANIA held its May meeting at the State Hospital. Dr. Klepp, superintendent of the hospital, entertained the District with a luncheon, after which a short meeting was held. Dr. Klepp gave a very interesting talk on Recognition of Mental Symptoms and Importance of Nurses' Knowledge of Mental Nursing. After the meeting the nurses were taken through the hospital. Despite disagreeable weather, one hundred nurses were present. NEWCASTLE.—MEMBERS OF THE CLASS OF 1917, SUMMERSIDE VALLEY HOSPITAL, held a reunion on June 2 in Cascade Park and in spite of unfavorable weather, all but one were present,—the class numbering seven members. Lunch was served. The greater part of the afternoon was spent in reviewing old times. ALTOONA.—DISTRICT 5 met at the Mercy Hospital on May 16, with an attendance of seventy. Dr. Fred Miller gave a very interesting talk on Oral Hygiene. THE ALUMNAE ASSOCIATION OF ALTOONA HOSPITAL gave a card party on May 18, making \$76 for the building fund. LANCASTER.—Dr. Joseph's Hospital graduated a class of eleven on May 18, in the Knights of Columbus Hall. David Magee,

attorney and a member of the advisory board presided. The main speaker of the afternoon was James Walsh, M.D., Professor of Psychology at Fordham University, N. Y. Medals were presented to each member of the class and prizes awarded for the highest averages in the different subjects. The Tuesday preceding, the graduating class was entertained at dinner at the Hotel Brunswick, by the Alumnae Association. Braddock.—The thirteenth commencement of the Braddock General Hospital was held May 11, in the Carnegie Library. The address was delivered by Rev. Hofelt, of Braddock. Chester.—CHESTER HOSPITAL held commencement exercises in the high school auditorium on June 8, followed by a reception at the nurses' home, where class day entertainment was presented and refreshments served. A dance in honor of the graduates was held in the nurses' home on June 10. The Alumnae Association entertained the graduates at Willow Grove Park, on June 13. Dinner was served at the Casino.

Rhode Island: Providence.—BUTLER HOSPITAL held graduating exercises in Ray Hall, on May 26, for a class of eight. The address was given by Major Julia C. Stimson, Superintendent, Army Nurse Corps. A reception followed the exercises.

South Dakota: THE SOUTH DAKOTA STATE ASSOCIATION will hold its annual meeting in Rapid City, August 23-25.

Tennessee: Memphis.—GERTRUDE B. ALEXANDER, obstetrical supervisor at the Baptist Memorial Hospital, has resigned that position, but will return in the fall as anaesthetist after a four months' course at Lakeside Hospital, Cleveland. Ida McIntosh has resigned as assistant night supervisor, to take a summer course at Teachers College. She is succeeded by Elsie Thomason. Cora V. Godbey has resigned as assistant surgical supervisor and will take a course in anaesthesia in Philadelphia. Sylvia Johnson has resigned as anaesthetist.

Texas: Galveston.—THE ALUMNAE ASSOCIATION OF THE COLLEGE OF NURSING, University of Texas, held its first annual banquet at the Hotel Galves on May 31. The thirteen graduates of '22 were guests of honor. The favors were miniature graduates in cap and gown. Most of the classes as far back as 1898 were represented. Among the interesting talks was that of Dr. Robert E. Vinson, Dean of the Academic Department of the University. Myrtle Kearney received the pin which is awarded by the Alumnae each year to the graduate making the highest average. Arrangements were in charge of Ella Anderson and Sophronia Rednick.

Virginia:—THE GRADUATE NURSES' ASSOCIATION OF VIRGINIA held its annual convention in Bristol, May 24-26. Representatives from all parts of the State were in attendance. The first day of the convention was taken up with registration, the showing of the Florence Nightingale film, and business. Lectures by Jane Van de Vrande of the Gulf Division of the Red Cross Nursing Service; Dr. Daisy M. O. Robinson, regional consultant Venereal Disease of the U. S. Public Health Service; and an illustrated lecture by Mrs. Edna P. Fox, Public Health Service, were features of the second day. Officers elected were: President, L. L. Odem, Sarah Leigh Hospital, Norfolk; vice-president, Betty Jane Wingfield, Bristol; and Blanche Webb, King's Daughters' Home, Norfolk; secretary, Emily Heard, State Board of Health, Richmond; treasurer, Margaret Cowling, University Hospital, Charlottesville; board of directors, Anne Guley, Leesburg, Katie M. Robertson, Arlington. The last day of the convention was devoted to the State League of Nursing Education. After the business meeting an address on Educational Standards was delivered by Professor Ralph Rubin of Bristol.

Papers on A Plan for a Full Time Instructor, by Honoria Moenaw and Is the High School Graduate Standard Necessary for Making the Best Nurse, by Katie Robertson were read, after which followed a general discussion. The next annual meeting of the Association will be held in Richmond. There were several features of entertainment which were enjoyed by all.

Wisconsin: Milwaukee.—The April meeting of Districts 4 and 5 was arranged as a tribute to Helen W. Kelly, who has resigned her position here. Miss Kelly's subject was "Self Sacrifice." The Association presented her with a beautiful bouquet of roses, and the older members who pioneered with her paid glowing tribute to her executive ability, self sacrifice, and influence for good in the nursing profession. Myra Kinball, who through an operation was obliged to take a long rest, has resumed her duties with the La Crosse Health Department. Sr. Joseph's Nurses' ALUMNAE held their annual banquet at the Hotel Pfister, the members of the staff and the graduating class being the guests of honor. Sixteen nurses have enrolled for the Public Health Nursing Course at the Health Service Training School of the Wisconsin Anti-Tuberculosis Association. Fond Du Lac.—THE SIXTH DISTRICT NURSES' ASSOCIATION held its annual meeting at the Believes restaurant May 2. About 40 nurses sat down to the luncheon. At this luncheon, Oshkosh, Neenah, Menasha, Berlin, Ripon, Green Bay, Winneconne and New London were represented, also Fond Du Lac and vicinity. Fifty-five nurses were later present at the programme and business meeting. Dr. F. F. Bowman of the State Health Department talked upon the Nurse's Work in Communicable Diseases. He told of diphtheria, the tests to determine susceptibility, the treatments to bring about immunity and the results which can be attained through preventive measures. He spoke also of smallpox, typhoid, measles, whooping cough, and told the nurses of the work they can do, of the co-operation they can get from the Health Department and of the lines of education that can be conducted among the public. Upon the completion of the talk, he was piled with questions. The following officers were elected: President, Sarah Connor, Neenah; vice-presidents, Mary McArdle, Oshkosh, and Mildred Gauthier, Fond du Lac; treasurer, Esther Allen, Oshkosh. Upon the invitation of the Ripon nurses, it was decided to hold the next meeting at Ripon. This meeting will take the form of a picnic to be held in July of this year. The graduating exercises of St. Agnes' Hospital were held May 12 at the hospital. The principal address was given by Miss A. Stoker, who was a student in St. Thomas' Hospital, London, England, when Florence Nightingale was there. Wausau.—THE EIGHTH DISTRICT NURSES' ASSOCIATION held its third annual meeting in Wausau on May 16. Addie Eldridge, Director, Bureau of Nursing Education, was the guest of the day. Miss Eldridge addressed the high school girls at noon, the Public Health Section in the afternoon and in the evening spoke to all the nurses and their guests. The business meeting of the district was held in the afternoon and the following officers elected: President, Mrs. H. Scott; vice-presidents, Sr. Bartholomew, Mrs. H. Champagne, and Miss D. Jones; secretary, Mary Weener; treasurer, Mrs. E. B. Smith. A dinner was served to 30 nurses at the Bellis House. La Crosse.—The Annual Meeting of the Seventh District, Nurses' Association, was held at the St. Francis Hospital Nurses' Home, May 17. Twenty-five nurses responded to roll call in spite of the fact that it rained all evening. The following officers were elected for the coming year: President, Ella Ingberman; vice-president, Jessie Nybom and J. Motzeman; secretary, Mathilda Gabel; treasurer, Rose Jahimoff. Miss J. Sonnen gave an interesting and instructive paper on Venereal Diseases.

BIRTHS

(To be acceptable for publication, Birth and Marriage notices must be dated and must be sent within four months of their occurrence. Death notices of any date, or without date, are given space. All proper names should be written plainly or printed.—Editor.)

To Mrs. Thomas W. Pinkerton (Marjorie Bassett, class of 1913, St. Luke's Hospital, New York), a daughter, Marjorie Anne, May 20.

To Mrs. William Haight (Laura Bestwick, class of 1916, Samaritan Hospital, Troy, N. Y.), a daughter, May 29.

To Mrs. William Earl Beatty (Helen Callahan, class of 1915, Brooklyn Hospital, Brooklyn, N. Y.), a daughter, Helen Mae, May 28.

To Mrs. J. B. Connor (Mary A. Deigan, class of 1918, Pittsburgh City Home and Hospital, Mayview, Pa.), a daughter, May 16.

To Mrs. Samuel Detwiler (Statia Dougherty, class of 1915, Altoona Hospital, Altoona, Pa.), a son, Doran Eugene, May 13.

To Mrs. Marion Cook Drake (class of 1916, Massachusetts Homeopathic Hospital, Boston), a daughter, Barbara, April 21.

To Mrs. Fred Wray (Cecil Dunn, class of 1921, Jefferson County Hospital, Fairfield, Iowa), a daughter, May 20.

To Mrs. Thomas McNamara (Eva Gurren, class of 1912, Mercy Hospital, Cedar Rapids, Iowa), a daughter, May 14.

To Mrs. William H. Smith (Astrid M. Johnson, class of 1917, St. Luke's Hospital, New York), a son, Orin Alan, May 14.

To Mrs. S. S. Hawkins (Mary Legge, class of 1913, French Hospital, New York), a daughter, in March.

To Mrs. G. Willard Lightcap (Edith Lewis, class of 1919, Methodist Episcopal Hospital, Philadelphia, Pa.), a son, George Willard, Jr., on May 16.

To Mrs. Henry R. Alburger (Mary Littlefield, St. Vincent's Hospital, Indianapolis, Ind.), a son, June 5.

To Mrs. John Hayden (Winifred McCann, Greater Community Hospital, Creston, Iowa), a daughter, Alice Joan, April 23.

To Mrs. Rachel Pike Phinney (class of 1916, Massachusetts Homeopathic Hospital, Boston), a daughter, Lois, on April 18.

To Mrs. Louis E. Hyman (Agnes M. Reilly, class of 1917, Metropolitan Hospital School of Nursing, New York), a daughter, Arlene Marie, April 11.

To Mildred Fuller Elley (graduate of the Massachusetts Homeopathic Hospital, Boston), a son, Edward Smith, May 15.

To Mrs. S. W. Hobson (Edythe Wagner, class of 1919, Lankenau Hospital, Philadelphia, Pa.), a daughter, Edythe Michaux, June 5.

To Mrs. John Ryan (Catherine Walsh, class of 1918, Mercy Hospital, Cedar Rapids, Iowa), a son, April 11.

To Mrs. William Noyes (Hazel Eunice Wood, class of 1912, St. Luke's Hospital, Utica, N. Y.), a daughter, in May.

To Mrs. Warren Lightfoot (Mildred Seigler, class of 1916, Lenox Hill Hospital, New York), a daughter, Marjorie, June 5.

To Mrs. William Robbins (Mabel Sexton, class of 1917, Samaritan Hospital, Troy, N. Y.), a daughter, April 18.

To Mrs. M. Harold Pyfe (R. W. Bowler, class of 1918, St. Luke's Hospital, New York), a daughter, Jane Eleanor, April 18.

To Mrs. George E. Walker (Wanda Thomas, class of 1921, Iowa Methodist Hospital, Des Moines, Iowa), a daughter, Dorothy Dean, April 25.

To Mrs. William Chandler (Blanche Vail, class of 1914, Samaritan Hospital, Troy, N. Y.), a daughter, April 26.

MARRIAGES

Bertha Abbuhl (class of 1916, Rome Hospital Training School, Rome, N. Y.), to Rudolph Fuez, May 4. At home, Delanson, N. Y.

Harriet Hunter Barnes to Clare Stearns, June 1. At home, Kalamazoo, Mich. Mrs. Barnes was Miss Stimson's assistant in the Army Nurse Corps.

Edith L. Bennaway (Samaritan Hospital, Troy, N. Y.), to C. Harold Cowee, June 6.

Dorothy Berry (class of 1910, Brockton City Hospital, Brockton, Mass.), to Frank S. Tross, April 17. At home, St. Louis.

Emily Brewer (Massachusetts Homeopathic Hospital), to Samuel A. Clement, M.D., May 1. At home, Cambridge, Mass.

Pearl Adeline Bush (class of 1921, St. Vincent's Hospital, Toledo, O.), to Martin Robert Lorenzen, M.D., June 10.

Bertha Busse (class of 1918, Mount Sinai Hospital, Milwaukee), to Frank Brandt, May 1. At home, Flint, Mich.

Alma Belle Campbell (class of 1915, Charleston General Hospital, Charleston, W. Va.), to Ray J. Burmeister, June 7. At home, Eccles, W. Va.

Ethel M. Chaste (class of 1920, Massachusetts Homeopathic Hospital, Boston), to Verner C. Orde, April 15. At home, Wakefield, Mass.

Bess Craig (class of 1918, St. Luke's Hospital, Chicago), to Herbert Behr, April 29. At home, Chicago.

Berta V. Dallas (class of 1918, Beckley Hospital, Beckley, W. Va.), to J. B. Crockett, June 5. At home, Charleston, W. Va.

Lillian Dietz (class of 1919, Children's Homeopathic Hospital, Philadelphia), to Frank Buchanan, Jr., March 19. At home, West Philadelphia.

Inez Louise Donaldson (class of 1910, Medico-Chirurgical Hospital, Philadelphia), to Harry Lloyd Whipple, May 2. At home, Philadelphia.

Alice Draper (Greater Community Hospital, Creston, Iowa), to C. A. Friday, on June 7. At home, Murray, Iowa.

Mario Flanagan (class of 1921, Mount Sinai Hospital, Milwaukee), to Edward L. Francisco, April 29. At home, New York.

Eufresine Fransen (class of 1916, Bethesda Hospital School for Nurses, St. Paul, Minn.), to Arthur Lee Martin, May 1. At home, Monmouth, Ill.

Susie Grace (Mercy Hospital, Council Bluffs, Iowa), to Ivan Duff, June 12. At home, Council Bluffs.

Georgiana Graham (class of 1916, Bridgeport Hospital, Bridgeport, Conn.), to William Arthur Read, April 9. At home, Tampa, Florida.

Minnie E. Hellmer (class of 1911, Nebraska Methodist Hospital, Omaha, Neb.), to Charles R. Imler, June 10. At home, Nelson, Nebraska.

Bertha R. Henry (class of 1912, Allentown Hospital, Allentown, Pa.), to Charles W. Morrison, May 23. At home, Reading, Pa.

Alice Mary Hillman (class of 1921, Johns Hopkins Hospital, Baltimore), to William Leslie Sanders, March 16. At home, Naaking, China.

Esther Jorgenson (class of 1917, Lenox Hill Hospital, New York), to Henry Huggevig, in April.

Helena R. Kamp (class of 1920, Lutheran Hospital, Watertown, S. D.), to John Wasuk, April 26. At home, Deadwood, S. D.

Mary A. Lake (class of 1921, Massachusetts Homeopathic Hospital, Boston), to B. H. Thompson, April 23. At home, Boston.

Hilda Lebowein (class of 1916, Lenox Hill Hospital, New York), to Mr. Hatte, in Germany, on May 8.

Blanche L. Maurer (class of 1918, Methodist Episcopal Hospital, Philadelphia, Pa.), to Charles M. Roberta, April 1. At home, Atlantic City, N. J.

Eva Morgan (Braddock General Hospital), to Robert Koehler, in April.

Sarah Vance Neely (Emergency Hospital, Washington, D. C.), to Allen T. Hippo, M.D., on June 6. At home, Asheville, N. C.

Olive R. Penrose (Samaritan Hospital, Troy, N. Y.), to George Gray, June 3. Grace Phillip (St. Luke's Hospital, New York), to Bartlett B. Bonnell, May 23. At home, Westfield, N. J.

Twylla Petter (Iowa Lutheran Hospital, Des Moines, Iowa), to Boyd Anderson, M.D., on June 17.

Annie Stratton Powell (Nassau Hospital), to Reynolds Tappan, April 22. At home, Brooklyn, N. Y.

Hilma Richter (class of 1920, Joseph Price Hospital, Philadelphia), to William Sheridan, M.D., June 1. At home, Spartanburg, S. C.

Beatrice Roche (class of 1918, Mercy Hospital, Cedar Rapids, Iowa), to Thomas Francis McCarthy, May 11. At home, Chicago.

Bonnie May Rogers (Mission Hospital, Asheville, N. C.), to Perry A. Bly, M.D., on June 8. At home, Rochester, N. Y.

Grace Darling Ross (class of 1917, St. Luke's Hospital, New York), to Henry Prentiss Miller, April 29. At home, Allison Park, Pa.

Elizabeth Ann Smith (class of 1918, Clifton Forge Hospital, Clifton Forge, Va.), to M. E. D. Hornberger, on June 3. At home, Clifton Forge, Va.

Treva Steed (class of 1920, Indianapolis City Hospital), to Emery Lukenbill, M. D., May 3. At home, Indianapolis, Ind.

Eunice Thomas (class of 1920, W. B. Fletcher's Sanitarium, Indianapolis, Ind.), to R. E. Baker, June 8. At home, Denver, Colo.

Stella Mae Titus (class of 1921, Iowa Methodist Hospital, Des Moines, Iowa), to Harold Winscott, May 20.

Ella D. Wagner (Montgomery Hospital, Norristown, Pa.), to George Watt, March 2. At home, Norristown.

Sue Austin Wilson (Asheville, N. C.), to Frank P. Arata, May 26.

Mary Ann Zegarts (class of 1914, St. Johns Hospital, Helena, Mont.), to Thomas Proctor Hawthorne, on June 1. At home, Helena, Mont.

DEATHS

Hilda Bertram (class of 1912, Lutheran Hospital, La Crosse, Wis.), May 13. Miss Bertram did private nursing until April, 1918, when she entered into service for our country, serving fifteen months in France. The past two years were spent in Milwaukee as surgical supervisor at the Emergency Hospital. She became ill in January, but continued her work until April when she was compelled to give up, going first to the Lutheran Hospital at La Crosse, and then to her home at Hohmen, Wis., after being told that nothing could be done as she was suffering from an inoperable cancer of the breast. She was cheerful and courageous to the end and greatly beloved by all who knew her.

Mrs. George Hopgood (Gertrude Black, class of 1913, Cambridge Hospital, Cambridge, Mass.), on May 14, at the Malden Maternity Hospital, following a cesareotomy. During the World War, Mrs. Hopgood was in service for eighteen months at Camp Wadsworth and in France and Germany, giving untiring and loyal service. She was held in the highest esteem by all who knew her and her loss is deeply felt.

Mrs. James O. Armstrong (Anna Chisholm, class of 1917, Christ Hospital,

Cincinnati, Ohio), March 15, following a brief illness at her home in Shelbyville, Tenn.

Mrs. A. G. Sullivan (Blanche Carson, class of 1917, Halifax Infirmary, N. S.), April 8, at Nelson, B. C.

Elizabeth Cook (a recent graduate of the Newark City Hospital, Newark, N. J.), in Chicago, May 16. Miss Cook contracted pneumonia from a patient.

Ethel Davis, at Baltimore, Md., May 15. Miss Davis was until recently in charge of a ward at the Bridgeport Hospital, Bridgeport, Conn. Before that she was at the Rockefeller Institute, New York. The news of her death was a shock to her many friends, as she had been in the best of health until shortly before her death.

Harriet May Hardy (class of 1912, Oglethorpe Sanatorium, Savannah, Ga.), at her home, Isle of Hope, Georgia, May 5, after a lingering illness. Miss Hardy's last active service was as an instructor in Home Hygiene and Care of the Sick for the Red Cross in Tennessee. Her many friends will mourn her loss.

Nettie R. Harr (University Hospital, Kansas City, Mo.), at the Leeds Tuberculosis Hospital, April 18. In spite of four years of illness, Miss Harr was bright and cheerful to the end and it was a privilege to her friends to visit her.

A. Elaine Hopkins (class of 1920, St. Luke's Hospital, Utica, New York), in May, at Binghamton, N. Y. Miss Hopkins died of pneumonia.

Elizabeth Baker Ives (class of 1920, St. Luke's Hospital, Utica, New York), was killed in May. Miss Ives, having lost control of her car, was hit by a train at a crossing. She was an efficient and valued nurse and was on Red Cross duty at the time of her death.

Emily Jones (a graduate of many years ago of the Newark City Hospital), at her home in Newark, N. Y., May 22, after a lingering illness.

Anne MacEdward (class of 1909, Mt. Sinai Hospital, New York), suddenly on May 14. She was an enthusiastic and indefatigable member of her Alumnae Association and Pension Fund and served as Secretary, President and Director, with a degree of efficiency never surpassed and seldom equalled. As Secretary of the New York Counties Registered Nurses' Association, and as a member of the Committee of Management of the Central Club for Nurses, she was untiring in her efforts to promote the interests and uphold the standards of our profession. Her untimely death is an inestimable loss to the Association and to those to whom she endeared herself by her many noble and lovable qualities.

Reta H. Murray (a student nurse, Maine General Hospital, Portland, Me.), on May 9, of Pulmonary embolism, following an operation for appendicitis. Miss Murray was a very promising student and a favorite with her associates.

Mrs. Henry J. Randall (Mabel Nixon, class of 1909, Metropolitan Hospital School of Nursing, New York), on April 16, at Summit, N. J.

Emma L. Park (class of 1898, Brooklyn Homeopathic Hospital, Brooklyn), at her home in Brooklyn, on May 20, after an illness of five weeks of angina pectoris. Miss Park was a faithful member of her Alumnae Association for many years. Burial was at Arlington Cemetery, Washington, D. C.

Elinor Pauly (pupil nurse at Mt. Sinai Hospital Training School, Milwaukee, Wis.), May 8, following a mastoid operation.

Sister Elizabeth, in Boston, March 11. Sister Elizabeth had served in the Civil War. She joined the order of Sisters of Charity when only twenty years of age. For the past fifteen years she had been stationed at St. Vincent's Orphan Asylum.

Rose Weiss (class of 1916, Mercy Hospital, Cedar Rapids, Iowa), at Base Hospital 21, Denver, Colo., on May 20, of influenza. Miss Weiss served in the war and continued service until her health failed her. A military funeral was held at Greene, Iowa, her home, on May 26.

Margaret Woodside (West Penn Hospital) for the past ten years Superintendent of the Braddock General Hospital, died May 3, after a long and severe illness. Miss Woodside had been in ill health for a number of years, but continued her duties until within a short time of her death. She was an earnest and sincere worker.

Let me do my work each day; and if the darkened hours of despair overcome me, may I not forget the strength that comforted me in the desolation of other times. May I still remember the bright hours that found me walking over the silent hills of my childhood, or dreaming on the margin of the quiet river, when a light glowed within me, and I promised my early God to have courage amid the tempests of the changing years. Spare me from bitterness and the sharp passions of unguarded moments. May I not forget that poverty and riches are of the spirit. Though the world know me not, may my thoughts and actions be such as shall keep me friendly with myself. Lift my eyes from the earth and let me not forget the uses of the stars. Forbid that I should judge others, lest I condemn myself. Let me not follow the clamor of the world, but walk calmly in my path. Give me a few friends who will love me for what I am; and keep ever burning before my vagrant steps the kindly light of hope. And though age and infirmity overtake me, and I come not within sight of the castle of my dreams, teach me still to be thankful for life and for times' olden memories that are good and sweet; and may the evening's twilight find me gentle still.

MAX ENERMANN.

BOOK REVIEWS

PSYCHOLOGY AND MENTAL HYGIENE FOR NURSES. By Mary B. Eyre, R.N. The Macmillan Company, New York. 200 pages. Price, \$1.50.

Another psychology for nurses has just left the publishers. It is entitled "Psychology and Mental Hygiene for Nurses," by Mary B. Eyre. Since psychology is at last taking its rightful place in the curriculum of schools of nursing the advantage of a special text on the subject is recognized by nursing educators. And the writing of such a book is justified if, through specialization, it becomes more useful to the nurse than any of the works on elementary general psychology would be. Miss Eyre's psychology is, in the main, a good book of definitions with some useful applications to various phases of nursing activities. It is true that there are some recent developments in psychology which could profitably have been included, but no doubt that will always prove to be the case. It is quite probable that most authors of a modern work on psychology would like to make certain changes in it by the time it appears in print, and are a bit apologetic ere the year is out. If this little book arouses the interest of pupil nurses in psychology, and serves as an entering wedge for the study of the new science it will have served its purpose well.

MAUD MUSE,
New York City.

NUTRITION AND GROWTH IN CHILDREN. By William R. P. Emerson, M.D. D. Appleton and Company, New York. Price, \$2.50.

For many years workers with children have wanted a text-book that would be scientific, practical and detailed. Dr. Emerson's book meets all of these requirements. In addition, it is very interesting reading, for its style is clear and vigorous, the illustrations are excellent, and the large number of charts and tables make their own appeal to readers who will take the trouble to study them.

This book was not written as a diagnostic or treatment guide in handling the unusual child who cannot be made to conform to any standard. It does not claim that every child under weight for its age and height is necessarily suffering from any one or even all five of these causes of malnutrition, but it does claim and prove that thousands of physically sub-normal children have been helped by placing careful and proper emphasis upon these five points and upon the class rather than upon the clinic method. Group phychology proved a very good method in the early organization of the home treatment of pulmonary tuberculosis, for the first tuberculosis classes

held in Boston were almost the opening wedge for more intelligent study of tuberculosis as a community problem. A malnutrition class at which at least one parent of each child in attendance must be present, may prove the opening wedge for a re-adjustment of our child life that will do away with certain conditions which have been taken for granted for years because no one knew exactly how to get rid of them.

Not all of Dr. Emerson's colleagues agree with him when he says "Malnutrition is a clinical entity with characteristic history, definite symptoms and pathological physical signs. The mal-nourished is a sick child and should be so considered." Others have claimed that too much emphasis on the child's health and well-being has been extremely bad for certain types of very nervous children. Nevertheless this method was not planned for the exceptional child; it was conceived for the ninety and nine; and it is extremely well planned for them. By putting sufficient emphasis upon the first cause—physical defects—and upon their correction; by having nutrition classes in charge of a physician who examines and studies the children carefully, the harm that the class programme may do is slight when compared with the good that has been done the average child.

Nurses and social workers will find this book a treasure-trove, for it is so definitely written that it can be shared with most parents; it is a text-book; and it covers the methods of nutrition work with children in such detail that individual workers cannot fail to find it a useful guide. Its publication is a distinct contribution to our practical literature on the subject of child welfare.

EDNA L. FOLEY, R.N. (Conn.),
Superintendent, Visiting Nurse Association of Chicago.

THE MARILLAC GUIDE. Prepared by the Sisters of Charity, 448 Lake Drive, Milwaukee, Wisconsin. \$12 per hundred.

This compact little booklet, which can readily be carried in the pocket, was prepared for the use of student nurses. The name of the hospital ordering copies can be printed on the cover if so desired.

The Guide is planned primarily to enable the student to become accurate in her observation of symptoms and in her charting. It opens with the statement that "The clinical chart is an index to the nurse's education and character; it furnishes a paramount opportunity to judge of her ability, and considered as a whole, or in detail, it reflects credit or discredit on the nurse herself." It contains also a table of the caloric values of foods, and memoranda on the preparation of solutions, on preparation of the hands for surgical procedures, and on some poisons and their antidotes.

HEALTH SERVICE IN INDUSTRY. By W. Irving Clark, Jr. Macmillan Company, New York. 158 pages. Price, \$2.00.

This book of Dr. Clark's is not written for the profession of nursing. This fact is made clear in the author's preface, and the statement is borne out in the reading matter. It is written to serve as a guide to health service officers and to boards of directors in planning such services. Space is taken up in details and lists of equipment that do not make interesting reading for any except the particular group to which it is primarily addressed. Nevertheless, to a nurse who is entering industry for the first time, there is much of interest and enlightenment in the volume, as it gives a clear outline of health organization in industry and its relation to other departments in the same concern. A nurse entering business for the first time is traveling on ground that is new to her. The point of view of the makers of industry is quite unlike that of the hospital trustees or of boards of health, whose aim is to make people well and keep them well for their own sakes. Another idea enters into the effort to maintain health in industry. It is that people shall be well and remain well, shall keep at their maximum of power in order that business may increase and the country may prosper. The aim of a business organization is to make money. If it fails in this it has no excuse for being. Each department is created to help towards this end. The health service is no exception. A nurse reading Health Service in Industry cannot fail to appreciate what an important part she plays in the company's objective. Her own personal relation to the health service and the relation of that service to the success of the business should be in the active consciousness of every industrial nurse.

JANE ELIZABETH HITCHCOCK, R.N.

Lecturer, Public Health Nursing.

VICE AND HEALTH. John Clarence Funk, M.A., LL.B. J. B. Lippincott Company, Philadelphia. 169 pages. Price, \$1.50.

Vice and Health is depressing, because its message is doubtless true. The first part of the book leaves the reader overwhelmed by its figures, facts and tables. The world seems filled with evil—and a foolish evil that costs so much in life and happiness. But these things exist. We have red light districts. Men and, alas, women, too, traffic in vice. Disease is thereby spread. It is passed on as an inheritance to the innocent unborn. We have tried legislation and the courts. They have failed. Mr. Funk leaves us at the end of the book with a feeling of renewed assurance in his belief that the saner methods of healthy recreation, happy, unfetid social life, and the efforts of women expressed in their vote is the hope of today.

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